



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
 330 City Hall | 411 West First Street  
 Duluth, Minnesota 55802-1189  
 Phone (218) 730-5500  
 Fax (218) 730-5923

**FOR OFFICE USE ONLY**  
 DATE \_\_\_\_\_  
 LICENSE # \_\_\_\_\_

**LICENSE APPLICATION**

**GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING:** The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

on sale Beer  
**ON SALE WINE LICENSE**  
**INITIAL INVESTIGATION (Level 4)**

476.00 FEE  
 + \$ 892.00  
 -200.00  
**TOTAL \$1101.00**  
~~\$1378~~ \$1368

**LICENSEE NAME, ADDRESS, PHONE:**  
 (Corporation/Individual/Partnership)  
 CORKTOWN, LLC  
 1906 W SUPERIOR ST  
 DULUTH, MN 55806

**BUSINESS NAME, ADDRESS, PHONE:**  
 CORKTOWN TAPHOUSE & DELICATESSEN  
 1906 W SUPERIOR ST  
 DULUTH, MN 55806

**MANAGER'S NAME, ADDRESS, PHONE:**  
 JEFF PETCOFF  
 4088 ULSTAD ROAD  
 218 HERMANTOWN, MN 55811  
 218-606-2057

**PROPERTY OWNER NAME, ADDRESS, PHONE:**  
 CHRISTIAN BENSON  
 1910 W. SUPERIOR ST., DULUTH, MN 55806  
 218-623-6366

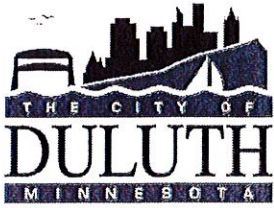
**LICENSE PERIOD:** Ending 8/31

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

Signature of Applicant

**MAILING ADDRESS**  
 OML Smokehouse  
 1909 W SUPERIOR ST  
 DULUTH, MN 55806

Plat/Parcel # (if known): \_\_\_\_\_



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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: CORKTOWN, LLC
2. Trade Name: CORKTOWN TAPHOUSE AND DELICATESSEN
3. Address of place to be licensed: 1906 W SUPERIOR STREET, DULUTH, MN, 55806
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) STREET LEVEL FLOOR
5. Name and address of owner of building: CHRISTIAN BENSON, 1910 W SUPERIOR ST, DULUTH, MN 55806  
 Any connection with applicant? N/A Who receives the rent: CHRISTIAN BENSON
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
JEFF PETROFF, MANAGING PARTNER, 4000 UJSTAD RD, HERMANTOWN, MN, 55801
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
N/A
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
TOM HANSON, OWNER, 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
FIRST COVENANT CHURCH .3 MILES AWAY
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail:  
WESTERN BANK - LOAN AS NEEDED

**Failure to answer all questions truthfully on this application and attached "Exhibit A" which is made a part thereof, will be just cause for revocation of your license.**

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol Gambling & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: [Signature] Date: 10/18/17  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_