



City Clerk's Office
Room 318
411 West First Street
Duluth, Minnesota 55802-1189

218-730-5500
218-730-5923 Fax

APPLICATION

LIQUOR LICENSE APPLICATION CHECKLIST

Applicants are required to attend a meeting of the Duluth Alcohol, Gambling, and Tobacco Commission, which meets on the first Wednesday of every month. Applications and fees must be filed in the City Clerk's Office one week in advance in order to be placed on the next meeting agenda.

The Commission will make a recommendation to the city council for approval. If the council approves the application, it will be sent to the Alcohol, Gambling, and Tobacco Division (AGED) of the Minnesota Department of Public Safety. Upon approval, AGED will issue your buyer's card.

TO BE TURNED IN WITH INITIAL APPLICATION

- ☐ **Fully Completed License Application:** Incomplete applications will not be accepted.
- ☐ **License Fee:** Refer to page 2. Check should be written to the City of Duluth.
- ☐ **Personal Supplemental Affidavit (multiple):** To be completed by each individual licensee, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, **and** the person who will be directing the operation of the business on the licensed premises. Three are attached.
- ☐ **MN DPS Alcohol & Gambling Enforcement Certification form:** See Clerk's Office for correct form.
- ☐ **MN DPS Alcohol & Gambling Enforcement Buyer's Card Application (attached)**
- ☐ **Buyer's Card Fee:** \$20 check made payable to AGED

TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL

- ☐ **Certificate of Liquor Liability Insurance:** Coverage must run concurrent with the license period of September 1 through September 1 or state "Continuous Until Cancelled" – or – Dram Shop Insurance exemption (for On-Sale and Off-Sale 3.2 malt liquor licenses). Refer to example on page 4.
- ☐ **Corporate documentation:** including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
- ☐ **Certificate of Workers Compensation Insurance (attached)**
- ☐ **MN Statute 270C.72 Tax Identification Form (attached)**

TO BE DONE PRIOR TO FINAL APPROVAL

- ☐ **Sales Tax application filed with the City of Duluth Finance Office:** They are located on the first floor of City Hall (218-730-5350). If this is a transfer, the taxes must be paid in full (from previous owner) before license can be issued.
- ☐ **Health Department:** Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
- ☐ **Fire Department:** Approval and Certificate of Occupancy must be obtained by the Fire Department. Any issues of fire code violations must be taken care of before license can be issued. (218-730-4398)
- ☐ **Wine and Off Sale Liquor:** Call the State at 651-296-9519 for inspection of the site.
- ☐ **Property Taxes:** Must be paid up to date, prior years and current.
- ☐ **Purchase Agreement:** If a transfer, a copy of the signed Purchase Agreement is required before a resolution will be filed with City Council.

TYPE OF LICENSE
(Check all that apply)

	<u>License Type</u>	<u>Fee</u> <small>(not including investigation fee)</small>		<u>License Type</u>	<u>Fee</u>
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input type="checkbox"/>	On-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input type="checkbox"/>	Sunday Liquor	\$ 0.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<input type="checkbox"/>	Consumption and Display	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$ 0.00	<input type="checkbox"/>	Liquor License Transfer Only	\$ 0.00
<input type="checkbox"/>	Special Club Liquor	Calculated by Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$ 0.00
<input type="checkbox"/>	Dancing	\$ 0.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	Calculated by State
<input type="checkbox"/>	Additional Bar (each)	\$ 0.00	<input type="checkbox"/>	After Hours Entertainment	\$ 0.00
TOTAL DUE:					\$ 0.00

BUSINESS INFORMATION

Name of applicant (name of individual, partnership, corporation or association):
UP North Taps, LLC - Rick Lampton

Applicant Address: 2804 E 7th St

City: Superior State: WI Zip: 54880

Applicant Phone: 218-590-8383 Applicant Email Address: Rickleletnesgroup.com

Business Name/dba: 7 West Taphouse & more

Business Address: 2510 maple Grove Dr City Duluth MN • Zip 55811

Business Phone: 218-464-1879

Minnesota Tax ID Number: [REDACTED] Federal Tax ID Number: [REDACTED]

List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:
Rick Lampton 100%

State approximate distance of this establishment from nearest academy, college, university, church, or school:
2 miles

Who will direct the operation of the business or serve as a manager on the premises? Rick Lampton &

Full Name: Leah Erickson Phone Number: 218-341-3897



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APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- ☐ Applicant
- ☐ Manager(s)
- ☐ Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Name of applicant (individual, partnership, corporation or assoc.)	4P North Taps	2. Trade Name (DBA)	7 West Taphouse
3. Address of Licensed Premises	2510 maple grove Road ste 100		
4. Business Phone	218-464-1877	5. Individual's Cell Phone	218-590-8383
6. Your Name (First, Middle, Last)	Rick Daniel Lamphar	7. Place of Birth (City & State, or City & Country if outside U.S.)	Fargo, ND
8. Date of Birth (MM/DD/YYYY)	10-7-1969	9. Email	RickL@letnecgroup.com
10. Home Address	2804 E. 7th St		
11. Social Security Number (SSN)			12. Driver's License or ID Number & Issuing State

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To

14. Have you ever been known by any other name than the one listed on this application?

☒ Yes* ☐ No

*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

☒ Yes* ☐ No

100%

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

☒ Yes* ☐ No

*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:

Boulder Taphouse Grand Rapids / 310 Pub Duluth, mn 100%
45%

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

<input type="checkbox"/> Yes*	*If Yes, why?
<input checked="" type="checkbox"/> No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

<input type="checkbox"/> Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
<input checked="" type="checkbox"/> No	

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☒ Yes
☐ No

DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Lampton Rick Daniel
Last Name First Name Middle Name
Also known as _____ Date of Birth: 10-07-1969

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature [Signature] Date: 5-27-25

VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Rick Lampton, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit [Signature] Date 5-27-25

Printed name of witness Avari Bartsch Witness Signature [Signature]

BUILDING OWNER INFORMATION

Full Name: GOLF PROPERTIES II LLC Phone Number: 218-348-1299
Address: 2510 MAPLE GROVE RD DULUTH MN 55811

Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.

10 YEAR LEASE WITH 2.5 YEAR RENEWALS

DESCRIPTION OF PROPOSED BUSINESS:

What is the seating capacity of the restaurant? 160

Indoor Seating: 160 Outdoor Seating: NA

Designated Serving Areas (i.e. ground floor, second floor, deck, etc.): GROUND FLOOR

Will serving of prepared food occur at this site? ☒ Yes ☐ No

If yes, please attach license from MN Department of Health.

Transfer in Progress

List date you desire to start serving liquor: July 14th 2005

NOTE: The license period for all liquor licenses is September 1 – August 31.

Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" 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 changes 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 to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.

Signature: [Signature] Date: 28 MAY 25

Signature: _____ Date: _____

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: onsale LIQ

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: N/A

Personal Information (if applicable)

Applicants Name: Rick Lampton

Applicant's Address: 2804 E. 7th st Superior, WI 54880

Social Security Number: 472-06-2854

Business Information (if applicable)

Business Name: UP North Taps DBA 7 West Taphouse

Business Address: 2510 maple grove Rd ^{ste} Duluth, mn 55811

MN Tax Identification Number: [REDACTED]

Federal Tax Identification Number: [REDACTED]

Signature [Signature] Date



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License St. Louis License Period From: 9-1-24 To: 8-31-25

Circle One: New License License Transfer Superior Ales, LLC Suspension Revocation Cancel
(former licensee name) (Give dates)

DBA: 7 West Taphouse

License type: (circle all that apply) ☒ On Sale Intoxicating ☒ Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: UP North Taps, LLC DOB 10-7-69 Social Security # 472-06-2854
(corporation, partnership, LLC, or Individual)

Rick Lampton

Business Trade Name 7 West Taphouse Business Address 2510 Maplegrove Rd City Duluth

Zip Code 55811 County St. Louis Business Phone 218-464-1879 Home Phone 218-590-8383

Home Address 2804 E. 7th St City Superior Licensee's MN Tax ID # 2610732
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # 45-5918173

(To apply call IRS 800-829-4913)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Rick Lampton 100% 10-7-69 [REDACTED] 2804 E. 7th St
Partner/Officer Name (First Middle Last) DOB Social Security # Home Address
Superior, WI 54888

(Partner/Officer Name (First Middle Last) DOB Social Security # Home Address)

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(init)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.