FOR OFFICE USE ONLY
DATE
LICENSE #



CITY OF DULUTH CITY CLERK'S OFFICE 330 City Hall 1 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500 Fax (218) 730-5923

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.

LICENSE(S) (check applicable)

BREWERY MALT LIQUOR OFF SALE (GROWLER) BREWERY MALT LIQUOR ON SALE (TAPROOM) SUNDAY (Taproom only) 2:00 A.M. (Taproom only) INVESTIGATION FEE (one time)

FEE	
\$ 250.00	
\$ 300.00 🗸	
\$ 178.00	
NC	
\$ 31.00	
\$759.00)

LICENSEE NAME, ADDRESS & PHONE Individual/Partnership/Corporation	
Hopps Brewing Company	L.L.C.
3825 E 4/# St	
Duluth Mn 55804	
218-591.7741	

BUSINESS NAME, ADDRESS, & PHONE:

TOTAL

Houps Brewing 325 Lake Ave th #110 218-591-7741 Duluth Mn 55802

MANAGER'S NAME/ADDR/PHONE NO.

	Hoops
3825	EYMS+
Dul	th, Mr 55804
	8-591-7741

OWNER OF BUSINESS PREMISES:

Dan Meierhott 7th floor South lala An

For Office Use Only Plat/Parcel:_____

LICENSE PERIOD: Ending August 31, 20

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.

Mailing Address:

Signature of Applicant



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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: David Hoops
2. Trade Name: Hoops Brawing
3. Address of place to be licensed: 325 Lake Ave South #110 Puluth, M.SSED
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor per floor plane 3/28
5. Name and address of owner of building: Dan Meierhoff 328 take Are Suth 7th flR
Any connection with applicant? No Who receives the rent: Mark tron % Melhos MgaT
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Dave Hoops Manager 3825 E4MST Dulith, Mrn 55804
7 If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
Operating agreement a Hacked
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
operating agreement attached
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
3-4 mils
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: Included in operating agreement

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:

Va

Date: 3/20/17

Signature:

Date:



3-28-2017