

**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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Fully Completed License Application: Incomplete applications will not be accepted. |
| <input type="checkbox"/> | License Fee: Refer to page 2. Check should be written to the City of Duluth. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | MN DPS Alcohol & Gambling Enforcement Certification form: See Clerk's Office for correct form. |
| <input type="checkbox"/> | MN DPS Alcohol & Gambling Enforcement Buyer's Card Application (attached) |
| <input type="checkbox"/> | Buyer's Card Fee: \$20 check made payable to AGED |

TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Corporate documentation: including stock ownership and Articles of Incorporation must be filed prior to issuance of license. |
| <input type="checkbox"/> | Certificate of Workers Compensation Insurance (attached) |
| <input type="checkbox"/> | MN Statute 270C.72 Tax Identification Form (attached) |

TO BE DONE PRIOR TO FINAL APPROVAL

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Health Department: Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license. |
| <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | Wine and Off Sale Liquor: Call the State at 651-296-9519 for inspection of the site. |
| <input type="checkbox"/> | Property Taxes: Must be paid up to date, prior years and current. |
| <input type="checkbox"/> | 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)

| <input type="checkbox"/> | <u>License Type</u> | <u>Fee</u> <small>(not including investigation fee)</small> | <input type="checkbox"/> | <u>License Type</u> | <u>Fee</u> |
|-------------------------------------|----------------------------|--|-------------------------------------|-------------------------------|---------------------|
| <input type="checkbox"/> | Off-Sale Intoxicating | \$ 0.00 | <input type="checkbox"/> | Brewery Off-Sale | \$ 0.00 |
| <input checked="" type="checkbox"/> | On-Sale Intoxicating | \$ 0.00 | <input checked="" type="checkbox"/> | Brewery Taproom On-Sale | \$ 0.00 |
| <input checked="" type="checkbox"/> | Sunday Liquor | \$ 0.00 | <input checked="" type="checkbox"/> | Microdistillery Off-Sale | \$ 0.00 |
| <input checked="" type="checkbox"/> | Wine (Includes Sunday) | \$ 0.00 | <input checked="" 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):
Russ Smith

Applicant Address:
City: Duluth State: MN Zip: 55804

Applicant Phone: 218-393-8710 Applicant Email Address: _____

Business Name/dba: Green Mill

Business Address: 340 S. Lake Ave City Duluth MN Zip 55803

Business Phone: _____

Minnesota Tax ID Number: _____ Federal Tax ID Number: _____

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:
Russ Smith
Kim Bailey

State approximate distance of this establishment from nearest academy, college, university, church, or school:
.5 mile

Who will direct the operation of the business or serve as a manager on the premises?
Full Name: Russ Smith Phone Number: 218-393-8710

BUILDING OWNER INFORMATION

| | | | |
|------------|--|---------------|--|
| Full Name: | | Phone Number: | |
| Address: | | | |

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.

DESCRIPTION OF PROPOSED BUSINESS:

| | | | |
|--|---|------------------|----|
| What is the seating capacity of the restaurant? | 220 | | |
| Indoor Seating: | Yes | Outdoor Seating: | No |
| Designated Serving Areas (i.e. ground floor, second floor, deck, etc.) | Ground Floor! | | |
| Will serving of prepared food occur at this site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please attach license from MN Department of Health. | | | |

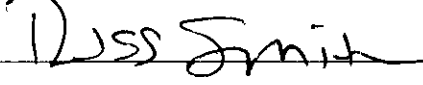
List date you desire to start serving liquor:

~~AUG 18th~~ OCT 1

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:  | Date: 72325 |
| 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.

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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.) | Russ Smith | 2. Trade Name (DBA) | Green Mill |
| 3. Address of Licensed Premises | 340 S Lake Ave | | |
| 4. Business Phone | | 5. Individual's Cell Phone | 218 393 8710 |
| 6. Your Name (First, Middle, Last) | Russell Owen Smith | 7. Place of Birth (City & State, or City & Country if outside U.S.) | Fieldfield IA |
| 8. Date of Birth (MM/DD/YYYY) | 12/18/1965 | 9. Email | Russosmith@me.com |
| 10. Home Address | 429 Rustwood Ln. | | |
| 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 |
|----------------|--------|-------|-------|------|------|
| 3718 E 4th St. | Duluth | MINN | 55804 | 2000 | 2020 |

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

| | |
|--|---|
| <input type="checkbox"/> Yes * | *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: |
| <input checked="" type="checkbox"/> No | |

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

| | |
|---|--------------------|
| <input checked="" type="checkbox"/> Yes * | Crooked Pint 27.5% |
| <input type="checkbox"/> No | |

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?

| | |
|---|--|
| <input checked="" type="checkbox"/> Yes * | *If yes, state the location of the establishments involved and fully describe the nature and extent of the interest: |
| <input type="checkbox"/> No | |

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 _____
Last Name First Name Middle Name
Also known as _____ Date of Birth: _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature 1233 Smith Date: 72328

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) Ross Smith, 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 Ross Smith Date 72325

Printed name of witness _____ Witness Signature _____

Certificate of Compliance
Minnesota Workers' Compensation Law
This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

| | | |
|---|---------------------------|--|
| License or certificate number (if applicable) N/A | Business telephone number | Alternate telephone number 218-393-8710 |
| Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) GM Duluth | | |
| DBA ("doing business as" or "also known as" an assumed name), if applicable Green Mill | | |
| Business address (must be physical street address, no P.O. boxes) 340 S. Lake Ave | City Duluth | State MN |
| County St. Louis | ZIP code 55803 | |
| Email address RussSmith@me.com | | |

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

| | | |
|---------------|----------------|-----------------|
| Policy number | Effective date | Expiration date |
|---------------|----------------|-----------------|

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- ☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- ☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

| | | | |
|--------------------------|--|------------------|-----------------|
| Print name Russ Smith | Applicant signature (required) Russ Smith | Title Manager | Date 7/23/25 |
|--------------------------|--|------------------|-----------------|

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

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: _____

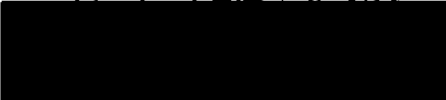
Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: N/A

Personal Information (if applicable)

Applicants Name: Ross Smith

Applicant's Address: 4701 Rustwood Ln

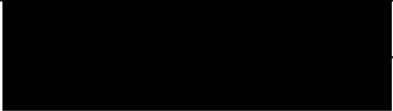
Social Security Number: 

Business Information (if applicable)

Business Name: Greenmill

Business Address: 3405 Lake Ave

MN Tax Identification Number: 

Federal Tax Identification Number: 

Signature Ross Smith Date 7/23/25



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
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 Duluth License Period From: SEPT 1 To: AUG 31

Circle One: New License License Transfer RENEWAL Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check 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: Russ Smith DOB 121869 Social Security # 469 982001
(corporation, partnership, LLC, or Individual)

Business Trade Name Green Mill Business Address 340 S. LAKE City Duluth

Zip Code 55803 County St. Louis Business Phone _____ Home Phone 218 393 8710

Home Address 429 Rustwood City Duluth

Licensee's Federal Tax ID # _____ Licensee's MN Tax ID# _____
(To apply call 651-800-6254/4555)

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

Dwight Owen Smith 121865 _____ 429 Rustwood
Partner/Officer Name (First Middle Last) DOB Home Address

Kimberly Ann Bailey 060962 _____ 429 Rustwood
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.

☐ 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 _____
(title)

ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Issuing Authority

Type Code

Buyer's Card Expires

Identification #

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

Business Phone

City, State, Zip Code

Authorized Signature