## TYPE OF LICENSE (Check all that apply)

<u>License Type</u>	Fee (not including investiga	ation fee}	License Type		<u>Fee</u>
Off-Sale Intoxicati	ing \$ 0.00		Brewery Off-Sale		\$ 0.00
On-Sale Intoxicating \$ 0.00			Brewery Taproom On-Sale		\$ 0.00
Sunday Liquor	\$ 0.00	V	Microdistillery Off-Sale		\$ 2 <del>81.00</del>
Wine (Includes Su	inday) \$ 0.00	V	Microdistillery Cocktail Room		\$ <del>240.00</del>
3.2% Malt Liquor:	On-Sale \$ 0.00		Consumption and Display		\$ 0.00
3.2% Malt Liquor:	Off-Sale \$ 0.00		Liquor License Transfer Only		\$ 0.00
Special Club Liquo	Calculated by Clerk'	s Office	On Sale Theater		\$ 0.00
Dancing	\$ 0.00		2:00 A.M. (Issued by State)		Calculated by State
Additional Bar (ea	nch) \$ 0.00		After Hours Entertainment		\$ 0.00
				TOTAL DUE:	\$-521.00
SEED INFORESTIAN			1		·
	individual partnership	cornoration	or association):		·
e of applicant (name of		corporation (	or association):		
e of applicant (name of th Whiskey Project,	LLC	corporation (	or association):		
ne of applicant (name of uth Whiskey Project, licant Address: 2226 W	LLC V Superior St		or association):	Zip: 55806	
ne of applicant (name of uth Whiskey Project, licant Address: 2226 V	LLC V Superior St State: MI	N		Zip: 55806	vhiskey.com
ne of applicant (name of uth Whiskey Project, licant Address: 2226 W Duluth licant Phone: 651-233	LLC V Superior St State: MI			Zip: 55806 n.evans@duluthv	vhiskey.com
ne of applicant (name of ath Whiskey Project, licant Address: 2226 V Duluth licant Phone: 651-233 ness Name/dba:	LLC V Superior St State: Mi 3-3279 App	N licant Email A	Address: kevii	n.evans@duluthv	
ne of applicant (name of auth Whiskey Project, licant Address: 2226 W Duluth licant Phone: 651-233 ness Name/dba: 2226	V Superior St State: MI 3-3279 App S W Superior St Dult	N licant Email A	Address: kevii		vhiskey.com Zip 55806
ne of applicant (name of uth Whiskey Project, licant Address: 2226 William Duluth licant Phone: 651-233 iness Name/dba: 2226	LLC V Superior St State: Mi 3-3279 App	N licant Email A uth MN 558	Address: keving the ke	n.evans@duluthv	
ne of applicant (name of uth Whiskey Project, licant Address: 2226 Wine Duluth licant Phone: 651-233 iness Name/dba: 2226	LLC V Superior St State: MI 3-3279 App 6 W Superior St Dult 233-3279 5189111	V licant Email A uth MN 558	Address: kevii	MN: 38-3954874	Zip 55806

Evans Family Distilling LLC 89.7% (Evans Family Distilling LLC is 100% owned by Kevin Evans)
The rest of the DWP is owned by 13 other investors, none with more than 2.55% ownership
State approximate distance of this establishment from nearest academy, college, university, church, or school:

Phone Number:

(970)485-4346

Ryan King

Full Name:

limited partnership, the name of each partner and percentage of ownership:

Duluth Folk School .3 miles - First Covenant Church 0.2 Miles

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

BUILDING OWNER	INEOPMATION					
Full Name: SR6		Phone Nu	Phone Number: (218) 727-1472			
Address: 1914 W Superior Street, Duluth MN 5580						
	ng is owned by someone other than the a		ary the conditions of the			
lease arrangemen	t, such as term of lease, monthly rental, r	enewal privileges, etc.				
10 year lease, §	7,823.75/month	<u> </u>				
DESCRIPTION OF	PROPOSED BUSINESS:					
	ng capacity of the restaurant?					
Indoor Seating:	102	Outdoor Seating:				
_	ng Areas (i.e. ground floor, second floor, o	leck, etc.)				
_	epared food occur at this site?		☑ Yes ☐ No			
	ach license from MN Department of Heal	th				
	e to start serving liquor: Completion e period for all liquor licenses is Septemb	of construction, like	ely 12/1/24			
I (we) hereby cellicense and I (we made, for the ap questions, and a provisions of the that the giving o	reof, will be just cause for revocation of y rtify that the applicant will be the sole of ) will notify the City Council in writing of proval of the Alcohol, Gambling, & Toba answers to said questions are true to be Alcoholic Beverage Code and the law of false information in this application, re	owner and operator of fany changes in owner cco Commission and Ci the best of my (our) s and regulations and	rsonal Supplemental Affidavit" which is  I this business to be conducted under the rship in this business before the change is ity Council. I (we) have read the foregoing knowledge. I (we) will comply with all their amendments. I further understand discovered, and or the failure to provide			
required pertine	nt information constitutes cause for th r and may be grounds for prosecution fo	e immediate revocatio	on of any and all licenses and/or permits			
issueu nereunde	i aliu may be grounus for prosecution fo	· Perlary.	10/12.1			
Signature:			Date: 10/1/29			
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.