



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 12/26/18
 LICENSE # 700029

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.

APPLICATION TO TRANSFER ON SALE WINE LIQUOR LICENSE

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Wine Transfer Liquor		\$358	358
Dancing	980	n/c	
Additional Bar	571	n/c	
After Hours Entertainment	262	n/c	
2:00 a.m. (Issued by State)	See State form	n/c	
		TOTAL:	\$567

LICENSEE LEGAL NAME, ADDRESS & PHONE:
 (Individual, Corporation, Partnership, LLC)

Leticia's Iron Mug LLC
1096 88th Ave W.
Duluth, Mn. 55808
218-464-5408

BUSINESS NAME, ADDRESS, & PHONE:

Leticia's Iron Mug LLC
1096 88th Ave W.
Duluth, Mn. 55808
218-464-5408

MANAGER'S NAME, ADDRESS & PHONE:

Mike Leticia
1096 88th Ave W.
Duluth, Mn. 55808
218-464-5408

NAME & ADDRESS OF PROPERTY OWNER:

Mike Leticia
3424 Lindell Road
Duluth, Mn. 55810
218-390-5563

LICENSE PERIOD: Ending 8/31/

License transferred from (provide documentation from existing licensee approving transfer):

Paul Johnson

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

Michael Leticia
 Signature of Applicant

MAILING ADDRESS:

1096 88th Ave W.
Duluth, Mn. 55808



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FOR OFFICE USE ONLY
 DATE 12/26/18
 LICENSE # 760033

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.

TRANSFER NON INTOXICATING BEER LICENSE

LICENSE	FEE	TOTAL
ON SALE BEER TRANSFER LEVEL 2 INVESTIGATION FEE	\$119.00 42.00	\$161.00
OFF SALE BEER TRANSFER LEVEL 1 INVESTIGATION FEE	\$119.00 31.00	\$ X

LICENSEE NAME/ADDRESS/PHONE NO.
(Individual or Corporate)

Leticia's Iron Mug LLC
1006 88th Ave W.
Duluth, MN 55805
218-390-5563

TRADE NAME

Leticia's Iron Mug LLC

BUSINESS PHONE:

218-464-5408

OWNER OF BUSINESS PREMISES:

Michael Leticia

MANAGER'S NAME/HOME ADDR/PHONE
(Home address, not work address)

Same

LICENSE PERIOD: Ending 4/30

PLAT/PARCEL# _____

Comments: _____

MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS

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.

Michael Leticia

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: Michael Letica
2. Trade Name: Leticia's Iron Mug LLC
3. Address of place to be licensed: 1096 88th Ave W.
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Name and address of owner of building: Paul Johnson
 Any connection with applicant? NO Who receives the rent: Maynard Properties
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Michael Letica, 3424 Lindell Rd. Duluth Mn / owner
- 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:
N/A
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
1/4 mile
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:
N/A

COPY

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: Michael Letica Date: 12/26/18

Signature: _____ Date: _____

