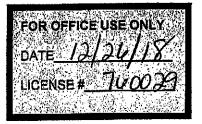


LICENSE

## 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



Indicate fees

below:

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

New fees:

Transfer fees:

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	▲ n/c				
	form					
		TOTAL:	\$567			
LICENSEE LEGAL NAME, ADDRESS & PHONE: (Individual, Corporation, Partnership, LLC)  Leti (a's Iron Mag LLC)  Leti (a's Iron Mag LLC)  Log ( Eg Th Arc M.)						
1096 88 th Ave W.		1 1 11	.55808			
Duloch, Mn. 55808						
218-464-5408						
MANAGER'S NAME, ADDRESS & PHONE  1096 88Th Are W.  Delett Mr. 55805  218-411-5405	2 Licens	NAME & ADDRESS OF PROPERTY OWNER:  3424 L, adel Road  Dulut, Ma. 55810  218-390-5563  LICENSE PERIOD: Ending 8/31/				
License transferred from (provide documentation from existing licensee approving transfer):						
Poul 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.  MAILING ADDRESS:  1096  No. 55808						

LICENSE

ON SALE BEER TRANSFER

## 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

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"LICI	ENSE #	110	UUE	9 <b>.</b> 9) }*

TOTAL

FEE

\$119.00

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

**LEVEL 2 INVESTIGATION FEE** 42.00 \$119.00 OFF SALE BEER TRANSFER **LEVEL 1 INVESTIGATION FEE** 31.00 run Mug LLC. TRADE NAME LICENSEE NAME/ADDRESS/PHONE NO. MANAGER'S NAME/HOME ADDR/PHOME (Home address, not work address) LICENSE PERIOD: Ending 4/30 Comments: I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS. Signature of Applicant



## 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

## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association	1) that owns the business to be
licensed: Wichall Lltice	
2. Trade Name: Letica') I von Mig LLC	
3. Address of place to be licensed: U96 88 The Au W	*
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Or rove	d floor.
5 Name and address of owner of building: Paul John John	
Any connection with applicant? <u>No</u> Who receives the rent: <u>No</u>	annard Properties
6. Who will direct the operation of the business or serve as manage on the pre-	mises? List name, address & title:
7 If partnership, give name of each partner and percent of mership, and if I	imited partnership, give details:
8. If corporation, list all stockholders, directors, officers and percent of stock of	r number of shares owned by each:
9. State approximate distance of this establishment from nearest academy, coll	ege, university, church or school:
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	ss. State the amounts in
detail: NA	
Failure to answer all questions truthfully on this application and attached part thereof, will be just cause for revocation of your license.	"Exhibit A" which is made a
I (we) hereby certify that the applicant will be the sole owner and operator of the	nis business to be conducted under
the license and I (we) will notify the City Council in writing of any change in c	
the change is made, for the approval of the Alcohol Gambling & Tobacco Cor have read the foregoing questions, and answers to said questions are true of my	
with all the provisions of the Alcoholiè Beverage Code and the laws and regular	- • • • • • • • • • • • • • • • • • • •
Signature: Date	12/2/18
Signature: Date	e:

