

License applied for:

Investigation fee (one time)

On Sale Intoxicating Liquor

Plat/Parcel:

On Sale Sunday

Dancing

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

FOR OFFICE USE ONLY
DATE
LICENSE#
Old LicenseType 11 New License Type 11-5

Indicate below

700

Individual Fees

LICENSE PERIOD: 9/1/ - 8/31/

\$ 209.00

4317

178.00 1,130.00

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.

LIQUOR LICENSE APPLICATION

Additional Bar (each)		571.00	Contractor Contractor
After Hours Entertainment		262.00	Of Participation on
2:00 A.M. (Issued by the State - see form attached)		N/C	The same of the sa
		TOTAL:	\$ 4704.00
LICENSEE NAME, ADDRESS, & PHONE (Individual/corporation/partnership) Vanilla Bean Duluth, UC 1608 Wood and Ave. Duluth, MN 55803	BUSINESS NAME	ME, ADDRESS, & PI	HONE
MANAGER'S NAME, ADDRESS & PHONE NO. Jason Vincent 1206 W. 1st Street Duluth, MN 55806 (da-791-8720	NAME & ADDR PLB F 306 W Dulut	roperties Michigan h, MN	YOWNER: 0 St. #300 55802

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 PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.
	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: Vanilla Bean Ouluth, LLC
2. Trade Name:
3. Address of place to be licensed: 1608 Woodland Ave., Duluth MN 55803.
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.)
5. Name and address of owner of building: PLB Properties, 306 W. Michigan St, Dulvith. Any connection with applicant? No Who receives the rent: PLB Properties.
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
7 If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each
9. State approximate distance of this establishment from nearest academy, college, 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. State the amounts in detail: \$150,000 - Eric Goerd+
4130,000
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: Date: 12 27 17
Signature: Date: