



**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	_____
LICENSE #	_____

**LICENSE APPLICATION**

**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.

**LICENSE**

ON SALE BEER  
 INVESTIGATION FEE (ONE TIME)

**FEE**

\$ 476.00  
42.00  
**TOTAL \$ 518.00**

LICENSEE NAME/ADDRESS/PHONE  
 (Individual/corporation/partnership)

Jordan Delano  
1231 E 9th St  
Duluth, MN 55805  
218-422-0861

BUSINESS NAME/ADDRESS/PHONE:

UP NORTH BEER Exchange  
1905 W Superior St  
Duluth, MN 55802

MANAGER'S NAME, ADDRESS, PHONE

Jordan Delano  
1231 E 9th St  
Duluth, MN  
218-422-0861

BUILDING OWNER NAME/ADDRESS/PHONE:

Jordan Delano  
1231 E 9th St  
Duluth, MN 55805

LICENSE PERIOD: Ending April 30

MISC: A corresponding Dancing License is an additional - \$980.00

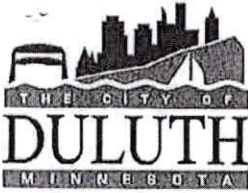
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

[Signature]  
 Signature of Applicant

MAILING ADDRESS:

1231 E 9th St  
Duluth, MN 55805

PLAT/PARCEL: \_\_\_\_\_  
 (If known)



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ON SALE WINE LICENSE  
 INITIAL INVESTIGATION (Level 4)

	<b>FEE</b>
	\$ 892.00
	<u>209.00</u>
<b>TOTAL</b>	<b>\$1101.00</b>

LICENSEE NAME & ADDRESS  
 (Corporation/Individual/Partnership)

Jordan Delano  
1231 E 9th St  
Duluth, MN  
 Phone: 218-928-0861

Email: Jordan.Delano@outlook.com

MANAGER'S NAME/ADDR/PHONE NO.  
Jordan Delano  
1231 E 9th St  
Duluth, MN

TRADE/BUSINESS NAME:

UP North Beer Exchange

BUSINESS PHONE: 218-928-0861

NAME & ADDRESS OF OWNER OF PROPERTY

Jordan Delano  
1231 E 9th St  
Duluth, MN

LICENSE PERIOD: Ending 8/31

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.

\_\_\_\_\_  
 Signature of Applicant

MAILING ADDRESS (If different)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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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: UP North Duluth Duluth LLC
2. Trade Name: UP North Beer Exchange
3. Address of place to be licensed: 1905 W Superior ST
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground floor
5. Name and address of owner of building: Jordan Delaw 1231 E 9th St Duluth, MN  
 Any connection with applicant? Yes owner Who receives the rent: Jordan Delaw
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Jordan Delaw 1231 E 9th St Owner/Operator
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
Jordan Delaw 50% Angelo Delaw 50%
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:  
8 miles
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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: [Signature] Date: 2/20/19  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_