



**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 3-29-2016

LICENSE # 760012

AMEND 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)

GANNUCCI'S ITALIAN MARKET &  
RESTAURANT LLC  
301 CENTRAL AVE.  
DULUTH 55807 218624 5934

BUSINESS NAME, ADDRESS, & PHONE:

SAME AS LICENSEE

MANAGER'S NAME, ADDRESS & PHONE

WILLIAM KALLIGHER  
JOSHUA KALLIGHER  
5611 CODY STREET  
DULUTH, MN 218-213 6035

NAME & ADDRESS OF PROPERTY OWNER:

SAME AS MANAGER

LICENSE PERIOD: Ending 8/31/

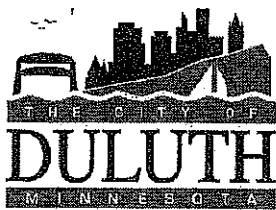
License transferred from (provide documentation from existing licensee approving transfer):

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.

Josh Kalliger  
Signature of Applicant

MAILING ADDRESS:

301 N. CENTRAL AVE  
DULUTH, MN 5587



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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: GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC
2. Trade Name: GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC
3. Address of place to be licensed: 301 N. CENTRAL AVE, DULUTH, MN
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) GROUND FLOOR
5. Name and address of owner of building: WEST DULUTH HOTEL 305 N. CENTRAL  
Any connection with applicant? YES Who receives the rent: WEST DULUTH HOTEL LLC
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
WILLIAM KALLIGHER, 5611 CODY ST., 55807, MEMBER
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
WILLIAM KALLIGHER 50%, JUSTINA KALLIGHER 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:  
2 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: 2 miles

**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: 3-22-16

Signature: \_\_\_\_\_

Date: 3-22-16

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

**NOTE:** Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

**RENEWALS:** If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant GAMNOCCI'S ITALIAN MARKET & RESTAURANT LLC  
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 301 N. CENTRAL AVE., DULUTH 55807
3. Your Name WILLIAM ARTHUR KALLIGHER JULY 17, 1960  
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 5611 CODY ST., DULUTH ST LOUIS MN 55807  
(Address) (City) (County) (State) (Zip)
5. Other home addresses  
in last 10 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Other names you are, or have been known by, including maiden name: N/A
7. Your position in the business: MEMBER  
(Owner, partner, president, treasurer, manager, etc.)
8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes \_\_\_\_\_ No ☒.  
  
(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes \_\_\_\_\_ No ☒.  
  
(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

**NOTE:** Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

**RENEWALS:** If this affidavit is made relative to the annual renewal of an existing license, Questions 5 through 10 need be answered only as they relate to any change in your status since the filing of your last affidavit.

1. License Applicant GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC  
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 301 N. CENTRAL AVE.
3. Your Name JOSHUA AARON KALLIGHER  
(First) (Middle) (Last) (Jr./Sr.) (D.O.B.)
4. Home Address 5611 CODY ST., DULUTH ST LOUIS MN 55807  
(Address) (City) (County) (State) (Zip)
5. Other home addresses  
in last 10 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Other names you are, or have been known by, including maiden name: \_\_\_\_\_  
\_\_\_\_\_
7. Your position in the business: MEMBER  
(Owner, partner, president, treasurer, manager, etc.)
8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes \_\_\_\_\_ No ✓.
- (b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes \_\_\_\_\_ No ✓.
- (c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: 760003 WINE ON SALE

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: 8/31/16

### Personal Information (if applicable)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Business Information (if applicable)

Business Name: GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC

Business Address: 301 N. CENTRAL AVE., 55807

Minnesota Tax Identification Number: 2347217

Federal Tax Identification Number: 47-3426756

If a MN Tax I.D. is not required, please explain:

Signature Wm Callogh

Date 3-22-16

# Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
GANNUCCI'S ITALIAN MARKET & RESTAURANT	LC 760003
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
301 N CENTRAL AVE.	DULUTH	MN	55807

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)		
AUTO OWNERS INSURANCE		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
08236951	02-26-2016	02-26-2017

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

☐ I have attached a copy of the permit to self-insure.


**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

- ☐ I have no employees.
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
	member	3-22-16

**NOTE:** If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lake Superior Agency 217 N 59th Ave W Duluth MN 55807-2412	<b>CONTACT NAME:</b> Shawn Johnson	
	<b>PHONE (A/C, No, Ext):</b> 218-624-7730	<b>FAX (A/C, No):</b>
<b>INSURED</b> Gannucci's Italian Market & Restaurant LLC 301 N Central Ave Duluth MN 55807-2501	<b>E-MAIL ADDRESS:</b> shawn@superinsurancemn.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Owners Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			08224466-15	11/20/2015	11/20/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 <b>Liquor Liability</b> \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

City Of Duluth  
411 W 1st Street  
Duluth, MN 55802

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Shawn Johnson

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