

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 #

4-26-2017
760017

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)

The Greater Fool, LLC
394 S. Lake Ave STELL1
Duluth, MN
55802 218 723 6075

BUSINESS NAME, ADDRESS, & PHONE:

Amazing Grace Bakery & Cafe
394 S. Lake Ave STELL1
Duluth, MN
55802

MANAGER'S NAME, ADDRESS & PHONE

Conor Riley
7035 App Rd
Two Harbors, MN
55616 612 518 7524

NAME & ADDRESS OF PROPERTY OWNER:

Oneida Realty

LICENSE PERIOD: Ending 8/31/

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

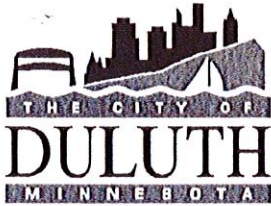
Stewart-Zann Corp / 394 Lake Ave / Amazing Grace

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.

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Signature of Applicant

MAILING ADDRESS:

394 S. Lake Ave STELL1
Duluth, MN
55802



**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 4-26-17

LICENSE # 760021

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	\$
OFF SALE BEER TRANSFER LEVEL 1 INVESTIGATION FEE	\$119.00 31.00	\$

LICENSEE NAME/ADDRESS/PHONE NO.
(Individual, Corporation, Partnership)

The Greater Fool, LLC
394 S. LAKE AVE STE. LL1
Duluth, MN
55802 218 723 0075

TRADE NAME: Amazing Grace Bakery & Cafe

BUSINESS PHONE: 218 723 0075

OWNER OF BUSINESS PREMISES:

Oneida Realty

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

Connor Riley
7035 Apple Rd
Two Harbors, MN
55616

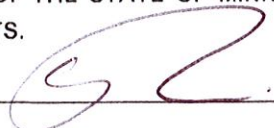
LICENSE PERIOD: Ending 4/30

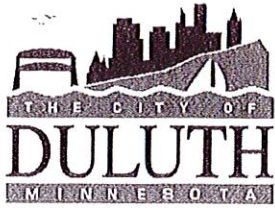
PLAT/PARCEL# _____

Comments: _____

MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS

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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



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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: The Greater Fool LLC - Connor Riley
2. Trade Name: Amazing Grace Bakery & Cafe
3. Address of place to be licensed: 394 S. LAKE Ave STE, LL1 Duluth, MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor/patio
5. Name and address of owner of building: Oneida Realty
Any connection with applicant? no Who receives the rent: Oneida Realty
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Connor Riley - 7035 Apple Harbor, MN 55616 - Owner
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
X
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
X
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
.4 miles Harbor City International 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: Marcie Stoyke ~~stoyke~~ previous owner \$300,000

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: [Signature] Date: 4.24.17

Signature: _____ Date: _____