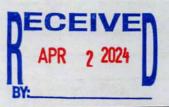
## TYPE OF LICENSE (Check all that apply)



	License Type	Fee (not including investigation fee)	License Type	<u>Fee</u>
	Off-Sale Intoxicating		Brewery Off-Sale	
	On-Sale Intoxicating		Brewery Taproom On-Sale	
	Sunday Liquor		Microdistillery Off-Sale	
	Wine (Includes Sunday)		Microdistillery Cocktail Room	
	3.2% Malt Liquor: On-Sale 3.2% Malt Liquor: Off-Sale		Consumption and Display	
		THE RESIDENCE OF THE PERSON NAMED IN COLUMN	Liquor License Transfer Only	
	Special Club Liquor	Calculated by Clerk's Office	On Sale Theater	
	Dancing		2:00 A.M. (Issued by State)	Calculated by State
	Additional Bar (each)		After Hours Entertainment	
	Additional bar (coding		TOTAL DUE:	

Name of applicant (name	of individual nartner	ship corp	oration or associa	ation):			
		3111p, co.p					
	x Estrada						
Applicant Address: 2	20 W Superior	ST					
city: Doluth	State		nesota	Zi	1100-		
Applicant Phone: 81	6 223 2755	Applicant	Email Address:	milia	no. Zapata G	Yahou	b. com
Business Name/dba:	Emiliano's M	lexican	nestaurant			DE LOS	
Business Address:	220 W Superor 5		City	Doluth	MN	Zip	55802
Business Phone:				C. Britan	Philip A Real I	,	
Minnesota Tax ID Number: 930532.7		2.7	Federal Tax ID Number: 99-13308				
List, if corporation, all sto limited partnership, the na	ckholders, directors, o ame of each partner ar	fficers, and nd percent	d percentage or r age of ownership	number of s	shares owned. If p	artners	nip or
State approximate distar	nce of this establishme	nt from ne	arest academy, o	ollege, univ	versity, church, or	school:	
State approximate distar	ice of this establishmen						
Who will direct the opera	ation of the business o	r serve as	a manager on the	premises?			

BUILDING OWNER INFORMATION		
Full Name: Western National Bank	Phone Num	per: 218723 1000
Address: 202 W Superior 5+ Dulut	h Ma 55802	
Where the building is owned by someone other than	the applicant, state in summary	the conditions of the
lease arrangement, such as term of lease, monthly ren		
1 year lease with renewal option	at the end of the year	<b>X</b>
	· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF PROPOSED BUSINESS:		
What is the seating capacity of the restaurant?		
Indoor Seating: 55	Outdoor Seating:	
Designated Serving Areas (i.e. ground floor, second flo	or, deck, etc.)	
Will serving of prepared food occur at this site?	(	Yes No
If yes, please attach license from MN Department of I	Health.	
the start copying liquor:		
List date you desire to start serving liquor:		
	1 - 4 - 4 34	
NOTE: The license period for all liquor licenses is Sept	ember 1 – August 31.	
Failure to answer all questions truthfully on this app	lication and attached "Person	al Supplemental Affidavit" which is
made a part thereof, will be just cause for revocation	or your license.	
I (we) hereby certify that the applicant will be the so	le owner and operator of this	business to be conducted under the
made, for the approval of the Alcohol, Gambling, & To questions, and answers to said questions are true		
l	file utilitiediate leaccation of	any and all licenses and/or permits
issued hereunder and may be grounds for prosecution	tor perjury.	
Signature:		Date:
Signature.		
Signature:		Date:

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.