

## City Clerk's Office

Room 318  
411 West First Street  
Duluth, Minnesota 55802-1189

218-730-5500  
218-730-5923 Fax

## APPLICATION

### LIQUOR LICENSE APPLICATION CHECKLIST

Applicants are required to attend a meeting of the Duluth Alcohol, Gambling, and Tobacco Commission, which meets on the first Wednesday of every month. Applications and fees must be filed in the City Clerk's Office one week in advance in order to be placed on the next meeting agenda.

The Commission will make a recommendation to the city council for approval. If the council approves the application, it will be sent to the Alcohol, Gambling, and Tobacco Division (AGED) of the Minnesota Department of Public Safety. Upon approval, AGED will issue your buyer's card.

TO BE TURNED IN WITH INITIAL APPLICATION	
<input type="checkbox"/>	<b>Fully Completed License Application:</b> Incomplete applications will not be accepted. ✓
<input type="checkbox"/>	<b>License Fee:</b> Refer to page 2. Check should be written to the City of Duluth. ✓
<input type="checkbox"/>	<b>Personal Supplemental Affidavit (multiple):</b> To be completed by each individual licensee, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, <b>and</b> the person who will be directing the operation of the business on the licensed premises. Three are attached. ✓
<input type="checkbox"/>	<b>MN DPS Alcohol &amp; Gambling Enforcement Certification form:</b> See Clerk's Office for correct form. ✓
<input type="checkbox"/>	<b>MN DPS Alcohol &amp; Gambling Enforcement Buyer's Card Application (attached)</b>
<input type="checkbox"/>	<b>Buyer's Card Fee:</b> \$20 check made payable to AGED
TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL	
<input type="checkbox"/>	<b>Certificate of Liquor Liability Insurance:</b> Coverage must run concurrent with the license period of September 1 through September 1 or state "Continuous Until Cancelled" – or – Dram Shop Insurance exemption (for On-Sale and Off-Sale 3.2 malt liquor licenses). Refer to example on page 4.
<input type="checkbox"/>	<b>Corporate documentation:</b> including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
<input type="checkbox"/>	<b>Certificate of Workers Compensation Insurance (attached)</b>
<input type="checkbox"/>	<b>MN Statute 270C.72 Tax Identification Form (attached)</b>
TO BE DONE PRIOR TO FINAL APPROVAL	
<input type="checkbox"/>	<b>Sales Tax application filed with the City of Duluth Finance Office:</b> They are located on the first floor of City Hall (218-730-5350). If this is a transfer, the taxes must be paid in full (from previous owner) before license can be issued.
<input type="checkbox"/>	<b>Health Department:</b> Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
<input type="checkbox"/>	<b>Fire Department :</b> Approval and Certificate of Occupancy must be obtained by the Fire Department. Any issues of fire code violations must be taken care of before license can be issued. (218-730-4398)
<input type="checkbox"/>	<b>Wine and Off Sale Liquor:</b> Call the State at 651-296-9519 for inspection of the site.
<input type="checkbox"/>	<b>Property Taxes:</b> Must be paid up to date, prior years and current.
<input type="checkbox"/>	<b>Purchase Agreement:</b> If a transfer, a copy of the signed Purchase Agreement is required before a resolution will be filed with City Council.

**TYPE OF LICENSE**  
(Check all that apply)

	<u>License Type</u>	<u>Fee</u> <small>(not including investigation fee)</small>		<u>License Type</u>	<u>Fee</u>
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input type="checkbox"/>	On-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input checked="" type="checkbox"/>	Sunday Liquor	\$ 191.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	Wine (Includes Sunday)	\$ 788.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input checked="" type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 381.00	<input type="checkbox"/>	Consumption and Display	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$ 0.00	<input type="checkbox"/>	Liquor License Transfer Only	\$ 0.00
<input type="checkbox"/>	Special Club Liquor	Calculated by Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$ 0.00
<input type="checkbox"/>	Dancing	\$ 0.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	Calculated by State
<input type="checkbox"/>	Additional Bar (each)	\$ 0.00	<input type="checkbox"/>	After Hours Entertainment	\$ 0.00
<b>TOTAL DUE:</b>					<b>\$ 1,360.00</b>

**BUSINESS INFORMATION**

Name of applicant (name of individual, partnership, corporation or association):

**The Golf Cooperative**

Applicant Address: **101 Eden Lane**

City: **Duluth**

State: **MN**

Zip: **55802 55805**

Applicant Phone: **763-331-4310**

Applicant Email Address: **aaron@thegolfcooperative.com**

Business Name/dba: **The Golf Cooperative**

Business Address: **345 S Lake Ave**

City **Duluth**

**MN**

Zip **55802**

Business Phone: **218-606-2035**

Minnesota Tax ID Number: **[REDACTED]**

Federal Tax ID Number: **[REDACTED]**

List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:

**Aaron Gorman - 100,000 Shares**

State approximate distance of this establishment from nearest academy, college, university, church, or school:

**0.7 miles**

Who will direct the operation of the business or serve as a manager on the premises?

Full Name: **Aaron Gorman**

Phone Number: **763-331-4310**

**BUILDING OWNER INFORMATION**

Full Name: Andy L. Borg, Jr. Phone Number: 218-740-3542

Address: 525 Lake Ave. South, Ste. # 201, Duluth, MN 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 rental, renewal privileges, etc.

3 year lease term with the option to extend the lease out to April 2036.

**DESCRIPTION OF PROPOSED BUSINESS:**

What is the seating capacity of the restaurant?

Indoor Seating: 30

Outdoor Seating: 0

Designated Serving Areas (i.e. ground floor, second floor, deck, etc.) bar, ground floor, deck

Will serving of prepared food occur at this site?

☐ Yes ☒ No

If yes, please attach license from MN Department of Health.

List date you desire to start serving liquor: February 2026

**NOTE: The license period for all liquor licenses is September 1 – August 31.**

Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" 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 changes 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 to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.

Signature: 

Date: 11/12/2025

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.

**City Clerk's Office**

Room 318  
411 West First Street  
Duluth, Minnesota 55802-1189



218-730-5500  
218-730-5923 Fax

**APPLICATION****PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE**

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- ☐ Applicant
- ☐ Manager(s)
- ☐ Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

**NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.**

1. Name of applicant (individual, partnership, corporation or assoc.)	The Golf Cooperative	2. Trade Name (DBA)	The Golf Cooperative
3. Address of Licensed Premises	345 S Lake Ave		
4. Business Phone	218-606-2035	5. Individual's Cell Phone	763-331-4310
6. Your Name (First, Middle, Last)	Aaron Thomas Gorman	7. Place of Birth (City & State, or City & Country if outside U.S.)	Robbinsdale, MN
8. Date of Birth (MM/DD/YYYY)		9. Email	aaron@thegolfcooperative.com
10. Home Address	101 Eden Lane, Duluth, MN, 55805		
11. Social Security Number (SSN)		12. Driver's License or ID Number & Issuing State	

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
101 Eden Lane	Duluth	MN	55805	July 2020	Present
1901 East Hennepin Ave	Minneapolis	MN	55413	August 2017	July 2020
911 22nd Ave NE	Minneapolis	MN	55418	July 2015	August 2017

14. Have you ever been known by any other name than the one listed on this application?

<input type="checkbox"/> Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
<input checked="" type="checkbox"/> No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

<input checked="" type="checkbox"/> Yes*	
<input type="checkbox"/> No	Managing Director, Owner, 88%

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

<input type="checkbox"/> Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
<input checked="" type="checkbox"/> No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

<input type="checkbox"/> Yes*	*If Yes, why?
<input checked="" type="checkbox"/> No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

<input type="checkbox"/> Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
<input checked="" type="checkbox"/> No	

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☒ Yes  
☐ No

#### DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual Gorman Aaron Thomas  
Last Name First Name Middle Name  
Also known as \_\_\_\_\_ Date of Birth:                     

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature [Signature] Date: 11/23/2025

#### VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for Individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Aaron Thomas Gorman, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

#### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit [Signature] Date 11/23/2025

Printed name of witness Allison Mitchell Witness Signature [Signature]

**Certificate of Compliance**  
**Minnesota Workers' Compensation Law**

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable) N/A	Business telephone number 218-606-2035	Alternate telephone number 763-331-4310
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) The Golf Cooperative		
DBA ("doing business as" or "also known as" an assumed name), if applicable The Golf Cooperative		
Business address (must be physical street address, no P.O. boxes) 345 S Lake Ave	City Duluth	State MN
County St. Louis	ZIP code 55802	
Email address aaron@the-golf-cooperative.com		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1. ☒ I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent) SFM Mutual Insurance Company		
Policy number 200215	Effective date 11/20/2025	Expiration date <del>11/19/2025</del> 11/20/2026
<input type="checkbox"/> I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <a href="http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance">www.mn.gov/commerce/industries/insurance/licensing/self-insurance</a> .)		


**2. I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- ☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name  
Aaron Gorman

Applicant signature (required) 	Title Owner	Date 11/23/2025
---	----------------	--------------------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

## 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: \_\_\_\_\_

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

License renewal date: N/A

### **Personal Information (if applicable)**

Applicants Name: Aaron Gorman

Applicant's Address: 101 Eden Lane, Duluth, MN 55805

Social Security Number: [REDACTED]

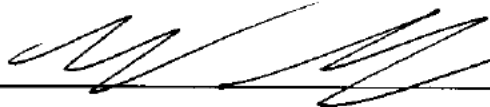
### **Business Information (if applicable)**

Business Name: The Golf Cooperative

Business Address: 345 S Lake Ave

MN Tax Identification Number: [REDACTED]

Federal Tax Identification Number: [REDACTED]

Signature  Date 11/23/2025





1GOLFC1

OP ID: SD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2025

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> Young & Associates Agency Inc 202 W. Superior St., Suite 400 Duluth, MN 55802 Susan D. Stocke	218-722-1481	<b>CONTACT NAME:</b> Susan D. Stocke <b>PHONE (A/C, No, Ext):</b> 218-722-1481 <b>FAX (A/C, No):</b> 218-722-6564 <b>E-MAIL ADDRESS:</b> sdstocke@younginsure.com														
<b>INSURED</b> The Golf Cooperative Aaron Gorman 345 S Lake Ave Duluth, MN 55802		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Michigan Millers Insurance</td><td>14508</td></tr><tr><td>INSURER B: SFM Mutual Insurance Company</td><td>11347</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Michigan Millers Insurance	14508	INSURER B: SFM Mutual Insurance Company	11347	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: Michigan Millers Insurance	14508															
INSURER B: SFM Mutual Insurance Company	11347															
INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

## 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			C013173700	06/20/2025	06/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	200215.201	11/20/2025	11/20/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Liquor Liability</b>			C013173700	11/20/2025	06/20/2026	Per Occur \$ 1,000,000

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

## CERTIFICATE HOLDER

CITY002

City of Duluth Attn City Clerk  
330 City Hall  
411 W 1st St  
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  
Susan D. Stocke





Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses  
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License Duluth License Period From: 2025 To: 2026

Circle One: New License License Transfer \_\_\_\_\_ Suspension \_\_\_\_\_ Revocation \_\_\_\_\_ Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (check all that apply) ☐ On Sale Intoxicating ☒ Sunday Liquor ☒ 3.2% On sale ☐ 3.2% Off Sale

Fee(s): On Sale License fee: \$ 0 Sunday License fee: \$ \$191 3.2% On Sale fee: \$ 381 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: Aaron Gorman DOB 06/18/1989 Social Security # [REDACTED]  
(corporation, partnership, LLC, or Individual)

Business Trade Name The Golf Cooperative Business Address 345 S Lake Ave City Duluth

Zip Code 55802 County St. Louis Business Phone 218-606-2035 Home Phone 763-331-4310

Home Address 101 Eden Lane City Duluth

Licensee's Federal Tax ID # 33-1711052 Licensee's MN Tax ID# 1012212  
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Aaron Gorman 06/18/1989 [REDACTED] 101 Eden Lane, Duluth, MN  
Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

☐ Yes ☒ No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: SFM Mutual Insurance Company Policy # 200215

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(title)

**ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>**



**Minnesota Department of Public Safety**  
**Alcohol and Gambling Enforcement Division**  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 24% of alcohol by volume)

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name SFA Mutual Insurance Co. Policy Number 200215  
 Licensee's MN sales and Use Tax ID # 1012212 Licensee's Federal Tax ID # 33-171052

Applicants Name (Business, Partnerships, Corporation) <u>The Golf Cooperative</u>		Trade Name or DBA _____	
Business Address <u>345 S LAKE AVE</u>		Business Phone <u>218-606-2035</u>	Applicant's Home Phone <u>763-331-4310</u>
City <u>Duluth</u>		County <u>St. Louis</u>	State <u>MN</u> Zip Code <u>55802</u>

Is this application <input checked="" type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner _____	License Period From _____ To _____
---	---	---------------------------------------

If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Address	DOB	SSN
<u>Aaron Gorman</u>	<u>101 Eden Lane, Duluth, MN</u>	<u>SSN</u>	<u>SSN</u>
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN

**CORPORATIONS**

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	------------------------	--------------------	---

If a subsidiary of another corporation, give name and address of parent corporation  
 \_\_\_\_\_

**BUILDING AND RESTAURANT**

Name of building owner <u>Andy L. Borg, Jr.</u>	Owner's address <u>525 LAKE AVE SCLBY, STE #201, DULUTH, MN 55802</u>
Are property taxes delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of restaurant employees <u>N/A</u>	Number of months per year restaurant is open <u>N/A</u>
Restaurant seating capacity <u>N/A</u>	Hours food will be available <u>N/A</u>
Will food service be the principal business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Describe the premises to be licensed  
Not a restaurant

If the restaurant is in conjunction with another business (resort etc.), describe business  
N/A

**NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED**

- ☐ Yes ☒ No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- ☐ Yes ☒ No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity?  
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- ☐ Yes ☒ No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- ☐ Yes ☒ No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

☐ Yes ☒ No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

☐ Yes ☒ No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature of Applicant

Date

The licensee must have one of the following:

☒ Liquor liability insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. Attach **"CERTIFICATE OF INSURANCE"** to this form.

☐ A surety bond from a surety company with minimum coverage as specified above in.

☐ A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

**IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY**

☒ Yes ☐ No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney

County

Date

**REPORT BY POLICE OR SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature

Department and Title

Date

**IMPORTANT NOTICE**

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.  
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 1600  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Issuing Authority

City of Duluth - City Clerk's Office

Type Code

ON

Buyer's Card Expires

Identification #

Pending

Print Name of Licensee (As shown on license)

The Golf Cooperative - Aaron Gorman

Business Name (DBA)

The Golf Cooperative

Business Address

345 S Lake Ave

County

St. Louis

Business Phone

218-606-2035

City, State, Zip Code

Duluth, MN, 55802

Authorized Signature