



**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

2-23-2016

LICENSE #

760011

## 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.

**ON SALE WINE LICENSE**  
**INITIAL INVESTIGATION (Level 4)**

**FEE**

**\$ 892.00**

**209.00**

**TOTAL**

**\$1101.00**

**LICENSEE NAME, ADDRESS, PHONE:**  
(Corporation/Individual/Partnership)

Sammys pizza of Duluth Inc

**BUSINESS NAME, ADDRESS, PHONE:**

Sammys pizza & Restaurant  
103 W 1st St  
Duluth, Mn 55802  
218 727 8551

**MANAGER'S NAME, ADDRESS, PHONE:**

Terry Perrella  
1511 Minneapolis Ave  
218 343 2801

**PROPERTY OWNER NAME, ADDRESS, PHONE:**

Center City Housing Corp  
105 1/2 W 1st St

**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.

Julie Daery  
Signature of Applicant

**MAILING ADDRESS**

**Plat/Parcel # (if known):**



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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: Sammys pizza of Duluth inc
2. Trade Name: \_\_\_\_\_
3. Address of place to be licensed: 103 W 1st St
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) \_\_\_\_\_
5. Name and address of owner of building: Center City Housing corp 105 1/2 W 1st St  
Any connection with applicant? \_\_\_\_\_ Who receives the rent: \_\_\_\_\_
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
terry perrella 1511 Minn Ave Duluth, Mn. president
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
\_\_\_\_\_
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
samperrella vice pres. 20% / tm perrella 20% / jodie daly sec/treas 20% / terry perrella 20% president / jodie fester 20%
9. State approximate distance of this establishment from nearest academy, college, university, church or 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:  
\_\_\_\_\_

**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: Jodie Daly Date: 2/12/16  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Sammys pizza of Duluth Inc  
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 103 W. 1st St Duluth, Mn.
3. Your Name Julie Daly 2/23/61  
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 5333 Jean Duluth Duluth Mn 55803  
(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: Julie Perrella
7. Your position in the business: owner sec/treas  
(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 X.
- (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 X.
- (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.  
\_\_\_\_\_

CITY CLERK'S OFFICE  
330 CITY HALL  
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AFFIDAVIT "A"

ALCOHOLIC BEVERAGE  
LICENSE APPLICATION

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**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 Sammy's pizza of Duluth Inc  
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 103 W 1st St Duluth, Mn
3. Your Name Terry J Perrella 5/27/62  
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 1511 Minneapolis Av Duluth Mn 55803  
(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: owner president / manager  
(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 X.
- (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 X.
- (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: city of Duluth

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

License renewal date: \_\_\_\_\_

### Personal Information (if applicable)

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

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

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

### Business Information (if applicable)

Business Name: Sammys pizza

Business Address: 103 W 1st St Duluth, Mn.

Minnesota Tax Identification Number: 2415684

Federal Tax Identification Number: 41-1622 873

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

Signature Julie Daery

Date 2/22/10

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

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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 NO (if applicable) <u>Sammus pizza</u>	BUSINESS TELEPHONE NO. <u>218 727 8551</u>	FAX TELEPHONE NO. <u>—</u>
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable) <u>103 W 1st St</u>		
BUSINESS ADDRESS (must be physical street address, no PO boxes) <u>Duluth</u>	CITY <u>Mn</u>	STATE <u>55802</u>
COUNTY	ZIP CODE	
E-MAIL ADDRESS		

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

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) <u>State Farm Insurance Co.</u>	NAIC Number
POLICY NO. <u>93-K4-80310-4</u>	EFFECTIVE DATE <u>9/15</u>
EXPIRATION DATE <u>9/16</u>	

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- ☐ 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: \_\_\_\_\_

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.

**PRINT NAME**

APPLICANT SIGNATURE (required) <u>Julie Daly</u>	TITLE <u>sec/treas/owner</u>	DATE <u>2/22/16</u>
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.