

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 type="checkbox"/>	Sunday Liquor	\$ 0.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<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
TOTAL DUE:					\$ 0.00

Name of applicant (name of individual, partnership, corporation or association):			
P.S. LIQUOR INC			
Applicant Address: 5631 E SUPERIOR ST			
City: DULUTH	State: MN	Zip: 55804	
Applicant Phone: 631-933-3952		Applicant Email Address: MANINDERPALPUP@gmail.com	
Business Name/dba: P.S. LIQUOR INC			
Business Address: 5631 E SUPERIOR ST		City: DULUTH	MN Zip 55804
Business Phone: 631-933-3952			
Minnesota Tax ID Number: 9175173		Federal Tax ID Number: 93-4163287	
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:			
PRESIDENT - HARVINDER KAUR 100% OWNER			
State approximate distance of this establishment from nearest academy, college, university, church, or school:			
1 MILE			
Who will direct the operation of the business or serve as a manager on the premises?			
Full Name: HARVINDER KAUR		Phone Number: 631-933-3952	

BUILDING OWNER INFORMATION			
Full Name:	P.S. LIQUOR INC		Phone Number: 6319333952
Address:	1240 MISSISSIPPI AVE DULUTH MN 55811		
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.			
DESCRIPTION OF PROPOSED BUSINESS:			
What is the seating capacity of the restaurant?		N/A	
Indoor Seating:	N/A	Outdoor Seating:	N/A
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)		N/A	
Will serving of prepared food occur at this site?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please attach license from MN Department of Health.			
List date you desire to start serving liquor:			
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: <i>Hawinkel</i>		Date: 12/2/2023	
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.