



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 11-16-14
LICENSE # 7600618

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.

LICENSE

ON SALE BEER
INVESTIGATION FEE (ONE TIME)

FEE

\$ 476.00
42.00
TOTAL \$ 518.00

LICENSEE NAME/ADDRESS/PHONE
(Individual/corporation/partnership)

~~Courtland Powe~~
425 N. 61st Ave. West
Duluth, MN. 55807
218-409-3748

BUSINESS NAME/ADDRESS/PHONE:

The King of Creams
502 E. 4th Street
Duluth, MN. 55805
218-725-9000

MANAGER'S NAME, ADDRESS, PHONE

Same as above ↑
Courtland Powe
425 N. 61st Ave. West
Duluth, MN. 55807

BUILDING OWNER NAME/ADDRESS/PHONE:

Steve Frenz - JAS Duluth
103 N. 7th Ave. East
Duluth, MN. 55805
218-727-4038

LICENSE PERIOD: Ending April 30

MISC: A corresponding Dancing License is an additional - \$980.00

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.

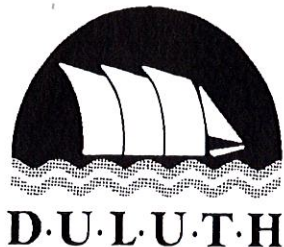
[Signature]
Signature of Applicant

MAILING ADDRESS:

425 N. 61st Ave. West
Duluth, MN. 55807

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: Courtland Powe The King of Creams, LLC
2. Trade Name: The King of Creams
3. Address of place to be licensed: 502 E. 4th Street Duluth, MN. 55805
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor
5. Name and address of owner of building: Steve Frenz-JAS Duluth 103 N. 7th Ave. East- 55805
Any connection with applicant? NO Who receives the rent: JAS Duluth
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Courtland Powe 425 N. 61st Ave. West Duluth MN 55807 - owner
- 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:

9. State approximate distance of this establishment from nearest academy, college, university, church or school:
2+ blocks
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: [Signature]

Date: 10/27/16

Signature: _____

Date: _____