



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 _____

LICENSE # _____

Old License Type 11

New License Type 11-5

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.

LIQUOR LICENSE APPLICATION

| License applied for: | Individual Fees | Indicate below |
|---|-----------------|----------------|
| Investigation fee (one time) | \$ 209.00 | \$ 209.00 |
| On Sale Intoxicating Liquor | 4317.00 | \$ 4317.00 |
| On Sale Sunday | 178.00 | \$ 178.00 |
| Dancing | 1,130.00 | |
| Additional Bar (each) | 571.00 | |
| After Hours Entertainment | 262.00 | |
| 2:00 A.M. (Issued by the State - see form attached) | N/C (State fee) | |
| Liquor License Transfer Fee (For transfers only) | 358.00 | |
| | TOTAL: | \$ 4,704.00 |

LICENSEE NAME, ADDRESS, & PHONE

(Individual/corporation/partnership)

Crabby Ol' Bills, Inc. aka Lakewalk Galley _____

504 Canal Park Drive, Duluth, MN 55802 _____

218.260.0483 _____

BUSINESS NAME, ADDRESS, & PHONE

Crabby Ol' Bills, Inc. aka Lakewalk Galley _____

504 Canal Park Drive, Duluth, MN 55802 _____

218.260.0483 _____

MANAGER'S NAME, ADDRESS & PHONE NO.

Jim Goodman _____

2507 Branch Street, Duluth, MN 55812 _____

218.260.0483 _____

NAME & ADDRESS OF PROPERTY OWNER:

Jim Goodman _____

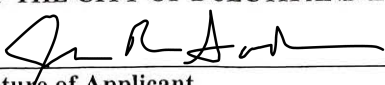
2507 Branch Street, Duluth, MN 55812 _____

Email: jim.goodman@boostadvising.com _____

LICENSE PERIOD: 9/1/19- 8/31/20

MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS:

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.



 Signature of Applicant



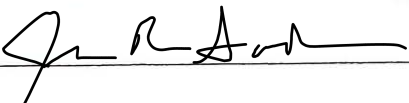
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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: Jim Goodman, Sole owner of Crabby Ol' Bills, Inc. aka Lakewalk Galley
2. Trade Name: n/a
3. Address of place to be licensed: 504 Canal Park Drive, Duluth, MN 55801
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground floor patio
5. Name and address of owner of building: Jim Goodman, 2507 Branch Street, Duluth, MN 55812
Any connection with applicant? Yes, same person Who receives the rent: The business is located on City of Duluth property
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Jim Goodman, 2507 Branch Street, Duluth, MN 55812, Owner
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
Jim Goodman is 100% owner
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
Jim Goodman is 100% owner
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
The nearest is the Harbor City School, which is 2,730 feet away (~.5 miles) as the crow flies.
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: The business is not currently for sale.

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:  Date: 8/20/2019
Signature: _____ Date: _____