



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 checked="" type="checkbox"/>	Fully Completed License Application: Incomplete applications will not be accepted.
<input checked="" type="checkbox"/>	License Fee: Refer to page 2. Check should be written to the City of Duluth.
<input checked="" type="checkbox"/>	Personal Supplemental Affidavit (multiple): To be completed by each individual licensee, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, and the person who will be directing the operation of the business on the licensed premises. Three are attached.
<input checked="" type="checkbox"/>	MN DPS Alcohol & Gambling Enforcement Certification form: See Clerk's Office for correct form.
<input checked="" type="checkbox"/>	MN DPS Alcohol & Gambling Enforcement Buyer's Card Application (attached)
<input checked="" type="checkbox"/>	Buyer's Card Fee: \$20 check made payable to AGED
TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL	
<input type="checkbox"/>	Certificate of Liquor Liability Insurance: 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 checked="" type="checkbox"/>	Corporate documentation: including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
<input type="checkbox"/>	Certificate of Workers Compensation Insurance (attached) <i>N/A</i>
<input checked="" type="checkbox"/>	MN Statute 270C.72 Tax Identification Form (attached)
TO BE DONE PRIOR TO FINAL APPROVAL	
<input type="checkbox"/>	Sales Tax application filed with the City of Duluth Finance Office: 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"/>	Health Department: Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
<input type="checkbox"/>	Fire Department: 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"/>	Wine and Off Sale Liquor: Call the State at 651-296-9519 for inspection of the site.
<input type="checkbox"/>	Property Taxes: Must be paid up to date, prior years and current.
<input type="checkbox"/>	Purchase Agreement: 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)

	License Type	Fee		License Type	Fee
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	On-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input checked="" 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

BUSINESS INFORMATION

Name of applicant (name of individual, partnership, corporation or association):			
Wild Rose Company LLC Amber Brostrom			
Applicant Address: 21-A North Lake Ave			
City: Duluth	State: MN	Zip: 55802	
Applicant Phone: (218) 729-2779	Applicant Email Address: amber@wildrosecompany.com		
Business Name/dba: Wild Rose Company LLC			
Business Address: 21-A North Lake Ave	City: Duluth	MN	Zip: 55803
Business Phone: (218) 729-2779			
Minnesota Tax ID Number: 9745664	Federal Tax ID Number: 99-5135923		
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:			
Amber Brostrom - 50%			
Maggie McLeod-Shovein - 50%			
State approximate distance of this establishment from nearest academy, college, university, church, or school:			
HCIS. 5 mile			
Who will direct the operation of the business or serve as a manager on the premises?			
Full Name: Amber Brostrom	Phone Number: (218) 491-5312		

BUILDING OWNER INFORMATIONFull Name: Andrea Kuzel / Kuzel Properties

Phone Number: _____

Address: 4040 Minnesota Ave 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.

Yearly lease. renewal in Dec. Lease Runs Jan-Dec 1st.**DESCRIPTION OF PROPOSED BUSINESS:**

What is the seating capacity of the restaurant? _____

Indoor Seating: _____

Outdoor Seating: N/ADesignated Serving Areas (i.e. ground floor, second floor, deck, etc.) Second Floor

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: April 23rd**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: 2-26-25Signature: Date: 2-26-25

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.