

CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall 1 411 West First Street Duluth, Minnesota 55802-1189 Phone (218)730-5500 Fax (218) 730-5923

FOR OFFICE USE ONLY	
DATE 7/24/19	
LICENSE #_ 759978	

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 APPLICATION

LICENSE	<u>FEE</u>
OFF SALE LIQUOR TRANSFER LEVEL 4 INVESTIGATION FEE (ONE TIME)	\$358.00 <u>209.00</u> Total \$567.00
LICENSEE NAME/ADDRESS/PHONE NO.: DUCUTH HILLSIDE INVESTMENT, LCC 1732 LONDON Rd. DULUTH, MN	BUSINESS NAME/ADDRESS/PHONE NO.: UNIVERSITY LIQUORS 1603 WORDCAND AVE. DULUTH, MN 55803
MANAGER'S NAME/ADDR/PHONE NO. DANIEL J KAMP 498/ MAPLE GROVE Rd. HERMANTOWN, MN 55811 218-341-0163	OWNER OF BUSINESS PREMISES: FRANK PRILEY, ANNETTE PRILES 4296 TURNER RN DILUTH, MN 55803
LIQUOR: PLAT/PARCEL: 010-3360-00900	g Kamp@hotmail.com LICENSE PERIOD: 9/19-8/31/20
TRANSFERRED FROM:	
BOTO OF DULLITH, INC DRA UNIVERSITY.	218-728-2337
I HEREBY STATE THAT ALL INFORMATION HERE IS TALL PROVISIONS OF THE ORDINANCES OF THE CITY AND THEIR AMENDMENTS.	RUE AND CORRECT AND THAT I SHALL COMPLY WITH OF DULUTH AND LAWS OF THE STATE OF MINNESOTA
MAILING ADDRESS:	Signature of Applicant
1732 LONDON ROV DULATH, MN 55812-2033	



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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: Daluth Hickside Investment, LCC
The state of the s
3 Address of place to be licensed: 1603 Woodland AVE. Duluth MIN 33 863
to be the description Areas (i.e. ground floor second deck etc.) Meanway Floor
5 Name and address of owner of building: BELCAGRACE PROPERTIES, LC 4403 HAINES NO DURANTE
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:
THE WALL MODIE GROVE RIJ HERMANTOWN SSELL OWNER PARTNER
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.
6. IT COID THEM 2 MEMBERS EARLY WITH 50% OWNERSHIP
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
6 Blacks From UMD
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or
reladed by envione, and to whom, for the purchase or operation of this business. State the amounts in
detail: ROTO OF DULUTH, INC SELLER, DULUTH HILLSIDE INVESTMENT, LLC DUTER
\$190 000° PLUS WHOLESINE COST OF INVENTORY
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 license and I (we) will notify the City Council. I (we)
the Alcohol (ramning & 10) according that City Comments
1 d C and anothers to said diesitons are true of the kilowicase.
with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amountains
Signature: Date: July 15 2019
Signature: Date: 7-15-19
OIGHREALV.