



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

- ☐ **Fully Completed License Application:** Incomplete applications will not be accepted.
- ☐ **License Fee:** Refer to page 2. Check should be written to the City of Duluth.
- ☐ **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.
- ☐ **MN DPS Alcohol & Gambling Enforcement Certification form:** See Clerk's Office for correct form.
- ☐ **MN DPS Alcohol & Gambling Enforcement Buyer's Card Application (attached)**
- ☐ **Buyer's Card Fee:** \$20 check made payable to AGED

#### TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL

- ☐ **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.
- ☐ **Corporate documentation:** including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
- ☐ **Certificate of Workers Compensation Insurance (attached)**
- ☐ **MN Statute 270C.72 Tax Identification Form (attached)**

#### TO BE DONE PRIOR TO FINAL APPROVAL

- ☐ **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.
- ☐ **Health Department:** Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
- ☐ **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)
- ☐ **Wine and Off Sale Liquor:** Call the State at 651-296-9519 for inspection of the site.
- ☐ **Property Taxes:** Must be paid up to date, prior years and current.
- ☐ **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)

<input type="checkbox"/>	<b>License Type</b>	<b>Fee</b> <small>(not including investigation fee)</small>	<input type="checkbox"/>	<b>License Type</b>	<b>Fee</b>
<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
<b>TOTAL DUE:</b>					<b>\$ 0.00</b>

**BUSINESS INFORMATION**

Name of applicant (name of individual, partnership, corporation or association):  
MTJ Enterprises of Duluth, LLC

Applicant Address: 323 W 1st St  
City: Duluth State: MN Zip: 55802

Applicant Phone: 218-428-5553 Applicant Email Address: Brekken.agency@gmail.com

Business Name/dba: Roscoe's Pioneer Bar  
Business Address: 323 W 1st St City DULUTH MN Zip 55802  
Business Phone: 218-422-7100

Minnesota Tax ID Number: [REDACTED] Federal Tax ID Number: [REDACTED]

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:  
Michael J. Horvath 50%  
Joel A. Brekken 50%

State approximate distance of this establishment from nearest academy, college, university, church, or school:  
2 miles

Who will direct the operation of the business or serve as a manager on the premises?  
Full Name: Michael J. Horvath Phone Number: 218-391-9920

*Mike*



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## APPLICATION

### PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- ☐ Applicant
- ☐ Manager(s)
- ☐ Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

**NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.**

1. Name of applicant (individual, partnership, corporation or assoc.)	MJ Enterprises of Duluth LLC		2. Trade Name (DBA)	Roscoe's Pioneer Bar	
3. Address of Licensed Premises	323 W 1st St. Duluth MN 55802				
4. Business Phone	218-722-7100		5. Individual's Cell Phone	218-391-9920	
6. Your Name (First, Middle, Last)	Michael J. Horvath		7. Place of Birth (City & State, or City & Country if outside U.S.)	Duluth MN	
8. Date of Birth (MM/DD/YYYY)	9/13/1963		9. Email	mjhhorvath@yahoo.com	
10. Home Address	26 E 6th St Duluth MN 55805				
11. Social Security Number (SSN)			12. Driver's License or ID Number & Issuing State		

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
26 E 6th St	Duluth	MN	55805	2020	2025
523 N 1st Ave E	Duluth	MN	55805	2013	2020

14. Have you ever been known by any other name than the one listed on this application?

<input type="checkbox"/> Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
<input checked="" type="checkbox"/> No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

<input checked="" type="checkbox"/> Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
<input checked="" type="checkbox"/> No	
Owner 50% - Manager	

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

<input type="checkbox"/> Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
<input checked="" type="checkbox"/> No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

<input type="checkbox"/> Yes*	*If Yes, why?
<input checked="" type="checkbox"/> No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

<input type="checkbox"/> Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
<input checked="" type="checkbox"/> No	

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☒ Yes  
☐ No

#### DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual Horvath Michael James  
Last Name First Name Middle Name

Also known as \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature [Signature] Date: 9-1-25

#### VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Michael J. Horvath, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

#### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit Michael J. Horvath Date 9-1-25

Printed name of witness Joel Brekken Witness Signature [Signature]

**m1 MINNESOTA** DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION

1 HORVATH  
2 MICHAEL JAMES  
3 26 E 6TH ST  
4 DULUTH, MN 55805-1737



4d DL# **P346-169-583-613** 4a ISS **09/13/2022**  
3i DOB **09/13/1963** 4b EXP **09/13/2026**

9 CLASS **D** 8a END **M**  
12 RESTR **NONE**

DONOR

15 SEX **M** 17 WGT **205 lb**  
16 HGT **5'-09"** 18 EYES **BLU**

5i DD 00000006759417



**09/13/63**

*Michael James Horvath*

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This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- ☐ Applicant
- ☐ Manager(s)
- ☒ Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

**NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.**

1. Name of applicant (individual, partnership, corporation or assoc.)	MJ ENTERPRISES of DULUTH, LLC	2. Trade Name (DBA)	Roocross Pioneer Bar
3. Address of Licensed Premises	323 W. 1ST ST DULUTH, MN 55802		
4. Business Phone	218-722-7100	5. Individual's Cell Phone	218-428-5553
6. Your Name (First, Middle, Last)	JOEL ALLEN BRACKEN	7. Place of Birth (City & State, or City & Country if outside U.S.)	FARGO, ND CHAYCO.
8. Date of Birth (MM/DD/YYYY)	12/15/68	9. Email	bracken_agency@gmail.com
10. Home Address	5214 OTSEGO ST DULUTH, MN 55804		
11. Social Security Number (SSN)	[REDACTED]		
	12. Driver's License or ID Number & Issuing State [REDACTED]		

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
5214 OTSEGO ST	DULUTH	MN	55804	10/2005	present

14. Have you ever been known by any other name than the one listed on this application?

<input type="checkbox"/> Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
<input checked="" type="checkbox"/> No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

<input checked="" type="checkbox"/> Yes*	owner of 50% - manager
<input type="checkbox"/> No	

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

<input type="checkbox"/> Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
<input checked="" type="checkbox"/> No	



18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

<input type="checkbox"/> Yes*	*If Yes, why?
<input checked="" type="checkbox"/> No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

<input type="checkbox"/> Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
<input checked="" type="checkbox"/> No	

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☒ Yes  
☐ No

### DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual Brekken Joel Allen  
Last Name First Name Middle Name  
Also known as \_\_\_\_\_ Date of Birth: 12/15/68

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature [Signature] Date: 5/1/25

### VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) JOEL BREKKEN, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION**

Signature of applicant completing affidavit [Signature] Date 5/1/25

Printed name of witness Michael Horvath Witness Signature [Signature]

**mn MINNESOTA**

**DRIVER'S  
LICENSE**



1 BREKKEN  
2 JOEL ALLEN  
3 5214 OTSEGO ST  
DULUTH, MN 55804-1654

4d DL# V152-237-725-108 5a ISS 06/25/2025  
3d DOB 12/15/1968 4b EXP 12/15/2029  
9 CLASS D 9a END NONE  
12 RESTR NONE

*joel*

15 SEX M 17 HGT 5'10" 18 EYES BLU

5d DD 00000011757376 12/15/68



**BUILDING OWNER INFORMATION**

Full Name: F.J. Bjella LLC Phone Number: 763-567-9356  
Address: 12620 SHANNON Pkwy Rosemount, MN 55068

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.

we have a 10 yr. lease

**DESCRIPTION OF PROPOSED BUSINESS:**

What is the seating capacity of the restaurant?

Indoor Seating:

196

Outdoor Seating:

0

Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)

ground 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:

9/3/2025

**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:

9/1/25

Signature:

Date:

9/1/25

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.