



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 # _____

COPY

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.

ON SALE WINE LICENSE	FEE
INITIAL INVESTIGATION (Level 4)	\$ 892.00
	209.00
TOTAL	\$1101.00

LICENSEE NAME, ADDRESS, PHONE:
 (Corporation/Individual/Partnership)

West Trader LLC
319 N Central Ave
Duluth, MN 55807

BUSINESS NAME, ADDRESS, PHONE:

West Trader
319 N Central Ave
Duluth, MN 55807

MANAGER'S NAME, ADDRESS, PHONE:


Robert Boone
4015 E Van Rd
Duluth, MN 55803
218-940-6237

PROPERTY OWNER NAME, ADDRESS, PHONE:

~~PA~~ PALADIN Properties LLC
P.O. Box 10122
Duluth, MN 55816

LICENSE PERIOD: Ending 8/31/19

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 of Applicant

MAILING ADDRESS

P.O. Box 10122
Duluth, MN 55816

Plat/Parcel # (if known): _____



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 _____
 LICENSE # _____

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)

West Theater LLC
319 N Central Avenue
Duluth, MN 55807
218-940-6237

BUSINESS NAME/ADDRESS/PHONE:

West Theater LLC
319 N Central Avenue
Duluth MN 55807
218-940-6237

MANAGER'S NAME, ADDRESS, PHONE

Robert Boone
P.O. Box 16122
Duluth, MN 55816
218-940-6237

BUILDING OWNER NAME/ADDRESS/PHONE:

PALADIN Properties, LLC
319 N Central Ave
Duluth, MN 55807
218-940-6237

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 of Applicant

MAILING ADDRESS:

Paladin Properties LLC
P.O. Box 16122
Duluth, MN 55816

PLAT/PARCEL: _____
 (If known)



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

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: West Theater LLC
2. Trade Name: West Theater
3. Address of place to be licensed: 319 N Central Avenue
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor
5. Name and address of owner of building: PALADIN Properties LLC P.O. Box 1622 Duluth MN 55816
 Any connection with applicant? Yes Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Robert Boone P.O. Box 1622 Duluth MN 55816
- 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:
LLC Robert Boone 100 %
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
6 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: 7-3-18
 Signature: _____ Date: _____