



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

Applicant is required to attend the Alcohol, Gambling, and Tobacco Commission (AGTC) meeting, which meets the first Wednesday of each month. Application and fee to be filed in the City Clerk's Office one week prior to the meeting.

The AGTC will make a recommendation to the city council for approval. The council's approval 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 type="checkbox"/>	MN DPS Alcohol & Gambling Enforcement Certification form: See Clerk's Office for correct form.
<input type="checkbox"/>	MN DPS Alcohol & Gambling Enforcement Buyer's Card Application (attached)
<input 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 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)
<input 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)

<input type="checkbox"/>	<u>License Type</u>	<u>Fee</u> <small>(including investigation fee)</small>	<input type="checkbox"/>	<u>License Type</u>	<u>Fee</u>
<input type="checkbox"/>	Off-Sale Intoxicating	\$1709.00	<input type="checkbox"/>	Brewery Off-Sale	\$250.00
<input type="checkbox"/>	On-Sale Intoxicating	\$4526.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$300.00
<input type="checkbox"/>	Sunday Liquor	\$178.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$250.00
<input type="checkbox"/>	Wine (Includes Sunday)	\$1101.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$300.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$518.00	<input type="checkbox"/>	Consumption and Display	\$331.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$185.00	<input checked="" type="checkbox"/>	Liquor License Transfer Only	\$567.00
<input type="checkbox"/>	Special Club Liquor	Ask Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$353.00
<input type="checkbox"/>	Dancing	\$1130.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	N/C from City
<input type="checkbox"/>	Additional Bar (each)	\$571.00	<input type="checkbox"/>	After Hours Entertainment	\$262.00
TOTAL DUE:					

BUSINES INFORMATION

Name of applicant (name of individual, partnership, corporation or association):
DULUTH GRILL - ARROWSTAR HOSPITALITY PARTNERS, LLC

Applicant Address: 118 S. 27TH AVE W DULUTH MN 55806

City: DULUTH State: MN Zip: 55806

Applicant Phone: 218-726-1150 Applicant Email Address: INFO@DULUTHGRILL.COM

Business Name/dba: DULUTH GRILL

Business Address: 118 S. 27TH AVE W City DULUTH MN Zip 55806

Business Phone: 218-726-1150

Minnesota Tax ID Number: _____ Federal Tax ID Number: 26-0013750

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:
TOM HANSON - 82% LOUIS HANSON 6% JEFF PUTCOFF 6% DAN LEFEBURE 6%

State approximate distance of this establishment from nearest academy, college, university, church, or school:
6-9 BLOCKS

Who will direct the operation of the business or serve as a manager on the premises?

Full Name: ~~DAN LEFEBURE~~ Phone Number: ~~218-690-4383~~
TOM HANSON 218-940-7056

* WE ARE REQUESTING TO TRANSFER OUR LIQUOR LICENSE FROM NOBLE POUR TO DULUTH GRILL - OWNERSHIP IS THE SAME AT EACH LOCATION



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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.)	ARROWSTAR HOSPITALITY PARTNERS LLC	2. Trade Name (DBA)	DULUTH GRILL
3. Address of Licensed Premises	118 S 27TH AVE W DULUTH, MN 55806		
4. Business Phone	218-726-1150	5. Individual's Cell Phone	218-940-7056
6. Your Name (First, Middle, Last)	THOMAS DEAN HANSON	7. Place of Birth (City & State, or City & Country if outside U.S.)	ST PAUL MN
8. Date of Birth (MM/DD/YYYY)	01/11/1963	9. Email	DULUTH GRILL@GMAIL.COM
10. Home Address	2210 W 13TH ST DULUTH, MN 55806		
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
2210 W 13TH ST DULUTH 55806	DULUTH	MN	55806	MAY 2011	PRESENT
1011 GRAND VIEW AVE	DULUTH	MN	55806	NOV 1998	MAY 2011

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

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:
 No

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

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:
 No 82% + 100% OF PROPERTY

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?

Yes* *If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
 No OML SMOKEHOUSE, CORKTOWN DELI - NOBLE POUR (WHICH IS THE

LICENSE WE WOULD LIKE TO TRANSFER)

BUILDING OWNER INFORMATIONFull Name: JANNAN LLC Phone Number: 218-940-7056Address: 1185 27TH AVE W DULUTH MN 55806

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.

OWNED BY APPLICANT**DESCRIPTION OF PROPOSED BUSINESS:**What is the seating capacity of the restaurant? ~~170~~ 170Indoor Seating: 120 Outdoor Seating: 50Designated Serving Areas (i.e. ground floor, second floor, deck, etc.) MAIN DINING ROOM & PATIO ENTERED BYWill serving of prepared food occur at this site? Yes No DINING ROOM DOOR**If yes, please attach license from MN Department of Health.**List date you desire to start serving liquor: 6/10/20**NOTE: The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine 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: [Signature] Date: 6/8/20

Signature: _____ Date: _____

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.



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- 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.)	2. Trade Name (DBA)
3. Address of Licensed Premises	
4. Business Phone	5. Individual's Cell Phone
6. Your Name (First, Middle, Last)	7. Place of Birth (City & State, or City & Country if outside U.S.)
8. Date of Birth (MM/DD/YYYY)	9. Email
10. Home Address	
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

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 type="checkbox"/> No	

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

<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 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 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?

NO

<input checked="" 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 HANSON THOMAS DEAN
 Last Name First Name Middle Name
 Also known as TOM Date of Birth: 01/11/1963

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature [Signature] Date: 6/8/20

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) TOM HANSON, 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 6/8/20

Printed name of witness JEFF PETLORSE Witness Signature [Signature]

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable) N/A	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City Duluth	State MN	ZIP code
County St. Louis	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name <i>Tom Hanson</i>	Applicant signature (required) 	Title <i>OWNER</i>	Date <i>06/08/2020</i>
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

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 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 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 _____

Last Name

First Name

Middle Name

Also known as _____ Date of Birth: _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date: _____

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) _____, 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 _____ Date _____

Printed name of witness _____ Witness Signature _____

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: LIQUOR LICENSE TRANSFER ONLY

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: N/A

TRANSFER LIQUOR LICENSE
FROM NOBLE POUR TO
DULUTH GRILL

Personal Information (if applicable)

Applicants Name: THOMAS DEAN HANSON

Applicant's Address: 2210 W 13TH ST DULUTH, MN 55806

Social Security Number: [REDACTED]

Business Information (if applicable)

Business Name: DULUTH GRILL

Business Address: 118 S 27TH AVE W DULUTH, MN 55806

MN Tax Identification Number: [REDACTED]

Federal Tax Identification Number: [REDACTED]

Signature  Date 06/08/2020



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 222
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY CITY OF DULUTH	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) ARROWSTAR HOSPITALITY PARTNERS, LLC		BUSINESS NAME (DBA) DULUTH GRILL	
BUSINESS ADDRESS 118 S 27 TH AVE W		COUNTY St. Louis	BUSINESS PHONE
CITY, STATE, ZIP CODE Duluth, MN ZIP 55806		AUTHORIZED SIGNATURE 	