



**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 JUL 31 2019

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 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**

<u>LICENSE</u>	<u>FEE</u>
OFF SALE BEER	\$154.00
INVESTIGATION FEE (one time)	<u>31.00</u>
	<b>TOTAL \$185.00</b>

<p><b>LICENSEE NAME/ADDRESS/PHONE</b>          (Corporation/individual/partnership)          Kwik Trip, Inc.</p> <hr/> <p>1626 Oak St., PO Box 2107</p> <hr/> <p>La Crosse, WI 54602</p> <hr/> <p>608-793-6262</p> <hr/> <p><b>MANAGER'S NAME/ADDRESS/PHONE</b>          Chad R. Manney</p> <hr/> <p>120 Nynas Rd.</p> <hr/> <p>Esko, MN 55733</p> <hr/> <p>218-269-4253</p> <hr/>	<p><b>BUSINESS NAME/ADDRESS/PHONE:</b>          Kwik Trip #941</p> <hr/> <p>110 S. Boundary Ave.</p> <hr/> <p>Duluth, MN 55810</p> <hr/> <p>Will provide when assigned.</p> <hr/> <p><b>OWNER OF BUSINESS PREMISES:</b>          Kwik Trip, Inc.</p> <hr/> <p>1626 Oak St., PO Box 2017</p> <hr/> <p>La Crosse, WI 54602</p> <hr/> <p><b>LICENSE PERIOD: <u>Ending 4/30</u></b></p> <hr/>
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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.

*Ronald J. Galloway*

Signature of Applicant

MAILING ADDRESS:  
 Kwik Trip - Licensing

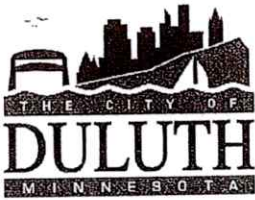
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PO Box 2107

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La Crosse, WI 54602-2107

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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: Kwik Trip, Inc.
2. Trade Name: Kwik Trip #941
3. Address of place to be licensed: 110 S. Boundary Ave., Duluth, MN 55810
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) One-story building.
5. Name and address of owner of building: Kwik Trip, Inc., 1626 Oak St., PO Box 2107, La Crosse, WI 54602  
 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:  
Chad Manney, Store Leader, 120 Nynas Rd., Esko, MN 55733
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
NA
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Please see enclosed.
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
Forbes United Methodist Church, 253 Ft.
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: NA

**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: *Ronald J. Galloway* Date: 7-16-19  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_