



**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 10/30/18  
 LICENSE # 759976

**LIQUOR LICENSE APPLICATION**

| LICENSE                                    | FEE       |
|--|-----------|
| OFF SALE INTOXICATING LIQUOR               | \$1500.00 |
| OFF SALE INTOXICATING LIQUOR - CONDITIONAL | \$1400.00 |
| LEVEL 4 INVESTIGATION FEE (One time)       | \$ 209.00 |

**LICENSEE BUSINESS NAME & BUSINESS ADDRESS (Corp/individual/partnership)**

Dm Stokke Inc  
5631 E. Superior St.  
Duluth, MN. 55804

**TRADE NAME:** Stokke's Liquor Store

**BUSINESS PHONE:** 218-348-4529

**MANAGER'S NAME & ADDRESS & PHONE**

Shane Stokke  
10701 Beeks Rd.  
Duluth, MN 55808  
218-348-4529

**OWNER OF BUSINESS PROPERTY:**

D.M. Stokke  
3710 Midway Rd  
Hermantown, MN. 55810

**LICENSE PERIOD:** 9/1/18 8/31/19

**PLAT/PARCEL:** 010-2840-00500

**LIST CORPORATE OFFICERS OR PARTNERS (TITLE/STOCK):**

Monica Regina Stokke President 50%  
Dennis William Stokke Vice President 50%

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]

Signature of Applicant

**Mailing Address:**  
D.M. Stokke Inc  
3710 Midway Rd  
Hermantown, MN. 55810



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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: D.M. Stokke Inc
2. Trade Name: Stokke's Liquor Store
3. Address of place to be licensed: 5631 E. Superior St. Duluth MN 55804
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor
5. Name and address of owner of building: DM Stokke Inc 3710 Midway Rd Hermantown, MN 55910  
 Any connection with applicant? Same Who receives the rent: —
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Shane Stokke 10701 Becks Rd Duluth MN 55808 manager
- 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:  
Monica Regina Stokke President 50%  
Dennis William Stokke vice President 50%
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:  
NONE

**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: 10/30/18  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_