



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 02 2019

LICENSE # 760217

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.

APPLICATION TO TRANSFER ON SALE LIQUOR LICENSE

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Intoxicating Liquor		\$358	358
On Sale Sunday	178	n/c	
Dancing	1,130	n/c	
Additional Bar	571	n/c	
After Hours Entertainment	262	n/c	
2:00 a.m. (Issued by State)	See State form	n/c	
		TOTAL:	\$ 567.00

City of Duluth

LICENSEE LEGAL NAME, ADDRESS & PHONE:
 (Individual, Corporation, Partnership, LLC)
JDV Hospitality INC.
2201 Glenwood St
Duluth MN 55804

Email: JDV1013@gmail.com
MANAGER'S NAME, ADDRESS & PHONE
Justin Vranish
2201 Glenwood St
Duluth MN 55804

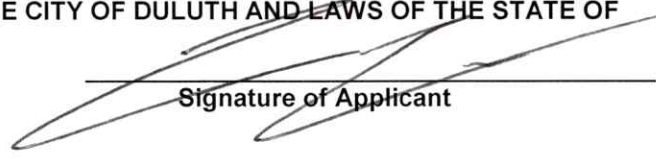
BUSINESS NAME, ADDRESS, & PHONE:
Flame Nightclub
22-78 N 1st Ave West
Duluth MN 55802

NAME & ADDRESS OF PROPERTY OWNER:
Alvin Berg, Vince Nelson
2621 West 3th St
Duluth Mn. 55806

LICENSE PERIOD: Ending 8/31/

License transferred from (provide documentation from existing licensee approving transfer):

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.



 Signature of Applicant

MAILING ADDRESS:
2201 Glenwood St
Duluth MN 55804



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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: Justin Vranish
2. Trade Name: JDV Hospitality INC as the Flame Nightclub
3. Address of place to be licensed: 22-28 1st Ave West Duluth MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Main floor Second Floor
5. Name and address of owner of building: Alvin Berg
Any connection with applicant? No Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Owner, Justin Vranish 2201 Glenwood st Duluth MN 55804
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
N/A
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
Justin Vranish 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
half a mile
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: N/A

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: _____

Date: 6/21/19

Signature: _____

Date: _____