

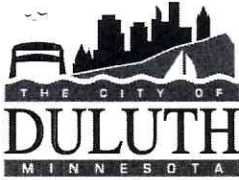
TYPE OF LICENSE
(Check all that apply)

<input type="checkbox"/>	License Type	Fee <small>(including investigation fee)</small>	<input type="checkbox"/>	License Type	Fee
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input type="checkbox"/>	On-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input type="checkbox"/>	Sunday Liquor	\$ 0.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<input type="checkbox"/>	Consumption and Display	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$ 0.00	<input checked="" type="checkbox"/>	Liquor License Transfer Only	\$ 567.00
<input type="checkbox"/>	Special Club Liquor	Calculated by Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$ 0.00
<input type="checkbox"/>	Dancing	\$ 0.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	Calculated by State
<input type="checkbox"/>	Additional Bar (each)	\$ 0.00	<input type="checkbox"/>	After Hours Entertainment	\$ 0.00
TOTAL DUE:					\$ 567.00

BUSINES INFORMATION					
Name of applicant (name of individual, partnership, corporation or association):					
Super One Liquor, LLC					
Applicant Address: 5065 Miller Trunk Highway					
City:	Hermantown	State:	Minnesota	Zip:	55811
Applicant Phone:	218-729-5882	Applicant Email Address:	sara.kirsch@miners-inc.com		
Business Name/dba:	Super One Liquor #811				
Business Address:	208 N. Central Avenue	City	Duluth	MN	Zip 55807
Business Phone:	218-628-2169				
Minnesota Tax ID Number:	8860762	Federal Tax ID Number:	20-8936044		
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:					
James Anthony Miner, Jr. - Chief Manager - 20% voting common stock / 14.92 nonvoting common stock					
Theresa Ann Lorentz - Treasurer - 20% voting common stock / 14.42% nonvoting common stock					
State approximate distance of this establishment from nearest academy, college, university, church, or school:					
0.8 miles from Duluth Business University; 1.5 miles from Asbury United Church					
Who will direct the operation of the business or serve as a manager on the premises?					
Full Name:	Jace Lee Romano	Phone Number:	218-628-2169		

BUILDING OWNER INFORMATION			
Full Name:	Miner's Incorporated	Phone Number:	218-729-5882
Address:	5065 Miller Trunk Highway, Hermantown, MN 55811		
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.			
Super One Liquor, LLC is a wholly owned subsidiary of Miner's Incorporated.			
DESCRIPTION OF PROPOSED BUSINESS:			
What is the seating capacity of the restaurant?			
Indoor Seating:	N/A	Outdoor Seating:	N/A
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)		Ground Floor - off-sale retail liquor store	
Will serving of prepared food occur at this site?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>If yes, please attach license from MN Department of Health.</i>			
List date you desire to start serving liquor:	July 1, 2020		
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:	<i>James A Miner</i>	Date:	<i>05.01.2020</i>
Signature:	<i>James A Miner</i>	Date:	<i>5/1/20</i>

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.



City Clerk's Office
 Room 318
 411 West First Street
 Duluth, Minnesota 55802-1189

218-730-5500
 218-730-5923 Fax

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.)	Super One Liquor, LLC	2. Trade Name (DBA)	Super One Liquor #811
3. Address of Licensed Premises	208 N. Central Avenue		
4. Business Phone	218-628-2169	5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)	James Anthony Miner, Jr.	7. Place of Birth <small>(City & State, or City & Country if outside U.S.)</small>	Grand Rapids, MN
8. Date of Birth (MM/DD/YYYY)	09/04/1954	9. Email	sara.kirsch@miners-inc.com
10. Home Address	725 Mellwood Avenue, Duluth, MN 55804		
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
Same as above					

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 checked="" type="checkbox"/> No	

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

<input checked="" 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	Chief Manager - 20% voting common stock / 14.92 nonvoting common stock

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 checked="" 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	Miner's Inc. is licensed to sell 3.2% malt liquor at 20 Miner's owned and operated grocery stores in MN.

Super One Liquor in Cloquet, MN, Duluth, MN, Hibbing, MN, Baxter, MN, Canosia Township, MN, Grand Rapids, MN, Virginia, MN and County Market Liquor in International Falls, MN are wholly owned subsidiaries of Miner's Incorporated.

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 checked="" type="checkbox"/> Yes*	*If Yes, why?
<input type="checkbox"/> No	Super One Foods #571 - Sale to minor on 08/08/2016. One day suspension 10/10/2016.

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 Miner James, Jr. Anthony
 Last Name First Name Middle Name
 Also known as _____ Date of Birth: 09/04/1954

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature James A Miner, Jr. Date: 5/1/20
James A. Miner, Jr. - Chief Manager

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) James Anthony Miner, Jr., 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 James A Miner, Jr. Date 5/1/20
James A. Miner, Jr. - Chief Manager
 Printed name of witness Sara Kirsch Witness Signature Sara Kirsch



City Clerk's Office

218-730-5500
218-730-5923 Fax

Room 318
411 West First Street
Duluth, Minnesota 55802-1189

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.)	Super One Liquor, LLC	2. Trade Name (DBA)	Super One Liquor #811
3. Address of Licensed Premises	208 N. Central Avenue		
4. Business Phone	218-628-2169	5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)	Theresa Ann Lorentz	7. Place of Birth (City & State, or City & Country if outside U.S.)	Grand Rapids, MN
8. Date of Birth (MM/DD/YYYY)	06/02/1961	9. Email	sara.kirsch@miners-inc.com
10. Home Address	7071 Rice Lake Road, Duluth, MN 55803		
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
Same as above					

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

Theresa Ann Miner

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

Treasurer - 20% voting common stock / 14.42% nonvoting common stock

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

Miner's Inc. is licensed to sell 3.2% malt liquor at 20 Miner's owned and operated grocery stores in MN.

Super One Liquor in Cloquet, MN, Duluth, MN, Hibbing, MN, Baxter, MN, Canosia Township, MN, Grand Rapids, MN, Virginia, MN and County Market Liquor in International Falls, MN are wholly owned subsidiaries of Miner's Incorporated.

Last updated 10/08/2019

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 checked="" type="checkbox"/> Yes*	*If Yes, why?
<input type="checkbox"/> No	Super One Foods #571 - Sale to minor on 08/08/2016. One day suspension 10/10/2016.

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

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This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Theresa Ann Lorentz

Last Name	First Name	Middle Name
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Also known as _____ Date of Birth: 06/02/1961

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature Theresa A. Lorentz Date: April 28, 2020
Theresa A. Lorentz, Treasurer

VERIFICATION

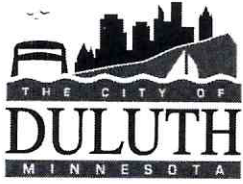
The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this 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) Theresa Ann Lorentz, 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 Theresa A. Lorentz Date April 28, 2020
Theresa A. Lorentz, Treasurer

Printed name of witness Sara Kirsch Witness Signature Sara Kirsch



City Clerk's Office

Room 318
411 West First Street
Duluth, Minnesota 55802-1189



218-730-5500
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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.)	Super One Liquor, LLC	2. Trade Name (DBA)	Super One Liquor #811
3. Address of Licensed Premises	208 N. Central Avenue		
4. Business Phone	218-628-2169	5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)	Jace Lee Romano	7. Place of Birth <small>(City & State, or City & Country if outside U.S.)</small>	Duluth, MN
8. Date of Birth (MM/DD/YYYY)	09/26/1992	9. Email	jace.romano@miners-inc.com
10. Home Address	2544 Morris Thomas Road, Duluth, MN 55811		
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 – *See attached*

Street Address	City	State	Zip	From	To
1701 Kenwood Avenue	Duluth	MN	55811	2016	2017
1819 E. 7th Street	Duluth	MN	55805	2014	2016

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 checked="" 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 checked="" 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 checked="" 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?

<input 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

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This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Jace Lee Romano

Also known as _____ Date of Birth: 09/26/1992

Last Name	First Name	Middle Name
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I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature Jace Romano Date: 04/28/2020
Jace Romano - Store Manager

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) Jace Lee Romano, 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 Jace Romano Date 04/28/2020
Jace Romano - Store Manager

Printed name of witness Jon Kusch Witness Signature [Signature]