TYPE OF LICENSE (Check all that apply)

	<u>License Type</u>	Fee (not including investigation fee)		License Type		<u>Fee</u>
П	Off-Sale Intoxicating	\$ 0.00		Brewery Off-Sale		\$ 0.00
	On-Sale Intoxicating	\$ 0.00		Brewery Taproom	On-Sale	\$ 0.00
	Sunday Liquor	\$ 0.00		Microdistillery Of	f-Sale	\$ 0.00
	Wine (Includes Sunday)	\$ 0.00	V	Microdistillery Co	cktail Room	\$ 0.00
	3.2% Malt Liquor: On-Sale	\$ 0.00	V	Consumption and	Display	\$ 0.00
	3.2% Malt Liquor: Off-Sale	\$ 0.00		Liquor License Tra	ansfer Only	\$ 0.00
	Special Club Liquor	Calculated by Clerk's Office		On Sale Theater		\$ 0.00
	Dancing	\$ 0.00		2:00 A.M. (Issued	by State)	Calculated by State
	Additional Bar (each)	\$ 0.00		After Hours Enter	\$ 0.00	
					TOTAL DUE:	\$ 0.00

BUSINES INFORMATION
Name of applicant (name of individual, partnership, corporation or association):
Hungry Hippie Taces, Kate Keeble
Applicant Address: 401 County Load 199
City: Grand Marais State: MN Zip: 55604
Applicant Phone: 218-387-2256 Applicant Email Address: Hunsily Hispietecos & Smail. Com
Business Name/dba: Hungry Hippie Talos
Business Address: 1810 W Suberior St. City Duluth MNM/Zip 55806
Business Phone: 218-387-3382
Minnesota Tax ID Number: 5641747 Federal Tax ID Number: 82-5356402
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:
Kate Keeble 51%
JEREMY HELDIE 49%
State approximate distance of this establishment from nearest academy, college, university, church, or school:
1-2 miles
Who will direct the operation of the business or serve as a manager on the premises?
Full Name: Casey Gillard Phone Number: 651-387-4725

Full Name:		NFORMATION KEELE					Phone	Number: 218-387-4827
Address:	401	County	Road	14	Grand	Marais		
Where the	building							nmary the conditions of the
		such as term						
DESCRIPTION	ON OF P	ROPOSED BU	SINESS:					
What is the	seating	capacity of t	he restaur	ant?		80		
Indoor Seat	ing:	10				Outdoor Se	eating:	40
Designated	Serving	Areas (i.e. gr	ound floo	r, second	floor, de	eck, etc.)	found	floor, Deck
Will serving	of prep	ared food oc	cur at this	site?				Yes No
		h license fron			of Healtl	h.		
List date you				100.	7	_		
	desire	to start servir	ng liquor:	05/	05/2	12		
	desire	to start servir	ng liquor:	05/	05/2	J.		
	i desire	to start servir	ng liquor:	05/	05/7	12		
NOTE: The	license	period for a 3	3.2% non-i	intoxicati	ng malt	liquor licer	nse is Ma	ay 1 to April 30. The license period for off
NOTE: The sale intoxic	license		3.2% non-i	intoxicati	ng malt	liquor licer ne is Septe	nse is Ma mber 1 -	ay 1 to April 30. The license period for off - August 31.
sale intoxio	license cating lic	period for a squor, on sale	3.2% non-intoxicati	intoxicati ng liquor,	ng malt , and wir	ne is Septe	mber 1 -	- August 31.
sale intoxic	license cating lic	period for a squor, on sale	3.2% non-intoxicati	intoxicati ng liquor,	ng malt , and wir	ne is Septe	mber 1 -	ay 1 to April 30. The license period for off - August 31. Personal Supplemental Affidavit" which is
Failure to a made a pai	license cating lice answer rt therec	period for a 3 quor, on sale all questions of, will be jus	3.2% non-i intoxicati truthfully it cause fo	intoxicati ng liquor, on this a r revocat	ng malt , and wir applicati ion of yo	ne is Septe ion and att our license.	mber 1 -	- August 31. Personal Supplemental Affidavit" which is
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Failure to a made a partition in the failure to a made a partition in the failure to a made, for a questions, provisions	license cating licenswer answer thereof the appropriate and an of the appropriate and an appropriate and approp	period for a 3 quor, on sale all questions of, will be jus ify that the a will notify the roval of the A swers to sai Alcoholic Bev	3.2% non-intoxication truthfully truthfully truthfully truthfully truthfully truthfully truthfully considerate to the constant of the constant	intoxicati ng liquor, on this a r revocati will be the ncil in wr ambling, a ons are to de and ti	ng malt, and wir application of your e sole over iting of a & Tobacourue to the laws	ion and attour license. wher and commisciple best of and regular	ached " operator es in ow sion and f my (or ations a	Personal Supplemental Affidavit" which is of this business to be conducted under the nership in this business before the change is City Council. I (we) have read the foregoing ur) knowledge. I (we) will comply with all their amendments. I further understand
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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.