City Clerk
Room 318
411 West First Street
Duluth, Minnesota 55802
218-730-5500

ANNUAL ALCOHOLIC BEVERAGE LICENSE UPDATE

THIS FORM MUST BE COMPLETELY & ACCURATELY EXECUTED OR YOUR LICENSE WILL NOT BE ISSUED.

1. Name of Applicant (individual, partnership, corporation, or association) that owns the business to be licensed: PS LIQUOR INC.
2. Trade Name (DBA): SUKHI'S LIQUOR
3. Address of place to be licensed: 5631 E SUPERIOR ST DULUTH MN 55804
4. Designated Serving Area(s) (i.e. ground floor, second, deck, etc.) Ground floor
5. Who directs the operation of the business or serves as manager on the premises? HARVINDER KAUR
6. List, if a corporation, all stockholders, directors, officers, and percentage of shares owned; if a partnership or limited partnership, provide the names of each partner and their respective percentage of ownership.

Failure to fully answer all questions truthfully on this application and the (attached) personal supplemental affidavit(s), will be just cause for revocation of your license.

I, (print name) HARVINDER KAUR hereby certify that the applicant will be the sole owner and operator of the business for which this license has been issued. I further certify that that I will notify the Duluth City Clerk's Office in writing of any change in ownership of this business before the change is made. I have read and understood the above information and 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 for perjury.

A signature is required in order to process this application

Signature: Harvinder Kaur Date: 6/15/25

THE CITY OF DULUTH MINNESOTA

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. Legal Name of Business	PS LIQUOR INC.	2. Trade Name (DBA)	SUKHI'S LIQUOR
3. Address of Licensed Premises	5631 E SUPERIOR ST DULUTH MN 55804		
4. [redacted]			
6. Your Name (First, Middle, Last)	HARVINDER KAUR	7. Place of Birth (City & State, or City & Country if outside U.S.)	INDIA
[redacted]			
10. Home Address [redacted]			

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To

14. Have you ever been known by any other name than the one listed on this application?

	*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:
Yes* / (No)	

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

(Yes)* / No	100%

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?

	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
Yes* / (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?

Yes*	*If Yes, why?
(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?

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:
(No)	

20. Have your 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 KAUR (Last Name) HARVINDER (First Name) (Middle Name)

Also known as _____ Date of Birth: 03/15/1976

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature Harvinder Kaur Date: 6/15/25

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) HARVINDER KAUR, 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 Harvinder Kaur Date 6/15/25

Printed name of witness_____ Witness Signature_____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
	218-525-1736	

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)
SUKHI'S LIQUOR

DBA ("doing business as" or "also known as" an assumed name), if applicable
PS LIQUOR INC.

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
5631 E SUPERIOR ST	DULUTH	MN	55804
County ST LOUIS	[redacted]		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name HARVINDER KAUR

Applicant signature (required)	Title	Date
Harvinder Kaur	PRESIDENT	6/15/25

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.

2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicants Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: SUKHI'S LIQUOR

Business Address: 5631 E SUPERIOR ST DULUTH MN 55804

[redacted]

Signature Harinder Kaur Date 06/15/25