




NEW LIQUOR LICENSE APPLICATION

City of Duluth • 411 West 1st Street Room 318, Duluth, MN 55802 • (218) 730-5500

TYPE OF LICENSE (Check all that apply)

	License Type	Fee <small>(Including investigation fee)</small>		License Type	Fee
<input type="checkbox"/>	Off-Sale Intoxicating	\$1709.00	<input type="checkbox"/>	Brewery Off-Sale	\$250.00
<input type="checkbox"/>	On-Sale Intoxicating	\$4526.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$300.00
<input type="checkbox"/>	Sunday Liquor	\$178.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$250.00
<input checked="" type="checkbox"/>	Wine (Includes Sunday)	\$1101.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$300.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$518.00	<input type="checkbox"/>	Consumption and Display	\$331.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$185.00	<input type="checkbox"/>	Liquor License Transfer Only	\$567.00
<input type="checkbox"/>	Special Club Liquor	Ask Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$353.00
<input type="checkbox"/>	Dancing	\$1130.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	N/C from City
<input type="checkbox"/>	Additional Bar (each)	\$571.00	<input type="checkbox"/>	After Hours Entertainment	\$262.00
TOTAL DUE:					

Business Information					
Name of applicant (name of individual, partnership, corporation or association):					
Superior Ales, LLC dba Blue Rock Coffee & Wine Cafe					
Applicant Address:		137 S. 2nd Street			
City:	Waite Park	State:	MN	Zip:	56387
Applicant Phone:		320-259-0589		Applicant Email Address: rickl@grizzlysgrill.com	
Business Name/dba:		Blue Rock Coffee & Wine Cafe			
Business Address:		1722 Miller Trunk Hwy, Suite 107, Duluth, MN 55811			
Business Phone:		218-590-8383			
Minnesota Tax ID Number:		4640741		Federal Tax ID Number: 47-4119264	
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:					
Steve Letnes - 55%					
Rick Lampton - 45%					
State approximate distance of this establishment from nearest academy, college, university, church, or school:					
1.5 miles					
Who will direct the operation of the business or serve as a manager on the premises?					
Full Name:		Rick Lampton		Phone Number: 218-590-8383	

Building Owner Information			
Full Name:	Steve Letnes	Phone Number:	320-259-0589
Address:	15062 Held Circle, Cold Spring, MN 56320		
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.			
DESCRIPTION OF PROPOSED BUSINESS:			
What is the seating capacity of the restaurant?			
Indoor Seating:	35	Outdoor Seating:	15
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)		ground floor, patio	
Will serving of prepared food occur at this site?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please attach license from MN Department of Health.</i>			
List date you desire to start serving liquor:	1/1/2020		
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 "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 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 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:	9-25-19
Signature:		Date:	10-17-15

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 numbers 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.