



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 _____

LICENSE # _____

Old License ___ Type 11

New License ___ Type 11-5

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.

LIQUOR LICENSE APPLICATION

License applied for:	Individual Fees	Indicate below
Investigation fee (one time)	\$ 209.00	\$ 209.00
On Sale Intoxicating Liquor	4317.00	
On Sale Sunday	178.00	
Dancing	1,130.00	
Additional Bar (each)	571.00	
After Hours Entertainment	262.00	
2:00 A.M. (Issued by the State - see form attached)	N/C (State fee)	
Liquor License Transfer Fee (For transfers only)	358.00	358.00
	TOTAL:	\$ 567.00

LICENSEE NAME, ADDRESS, & PHONE
 (Individual/corporation/partnership)

partnership
 Jona Johnson - 218 590 6337
 6210 E. Superior St. Duluth Mn 55804

BUSINESS NAME, ADDRESS, & PHONE

Spurs
 109 W. 1st Street
 Duluth Mn 55802
 218-590-6337

MANAGER'S NAME, ADDRESS & PHONE NO.

Jona Johnson 218 590 6337
 6210 E. Superior St Duluth Mn 55804
 Email: felicy4859@iwe.com

NAME & ADDRESS OF PROPERTY OWNER:

Dan King - Joe Kovich
 KTWOProperties
 128 West 1st St. Duluth Mn 55802

LICENSE PERIOD: 9/1/ - 8/31/

MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS:

NO

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.

Jona Johnson
 Signature of Applicant



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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: Jona Johnson
2. Trade Name: Spurs on First
3. Address of place to be licensed: 109 W. 1st Street Duluth Mn 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground floor
5. Name and address of owner of building: Dan King 128 W. 1st Street 55802
 Any connection with applicant? no Who receives the rent: Dan King
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Jona JOHNSON 6210 E. Superior St. Duluth Mn 55804
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
Madeline Petersen 519 N. 1st Ave W. Duluth Mn 55812
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
N/A
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
1 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:
in process

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: Jone Johnson Date: 4/27/18
 Signature: _____ Date: _____

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Partnership Jona Johnson
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 109 W. 1st Street Duluth mn 5502
3. Your Name Jona Nicole Johnson 10-11-1983
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 6210 E Superior St. Duluth St. Louis mn 55804
(Address) (City) (County) (State) (Zip)
5. Other home addresses
in last 10 years: 5487. N. Shore Drive Duluth mn 55806

6. Other names you are, or have been known by, including maiden name: _____

7. Your position in the business: partner
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X.

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X.

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) Alex Jost Hair 1131 E. 4th Street Duluth Mn 55804
- (2) Aces on First 113 W. 1st Street Duluth Mn 55802
- (3) (Bank) US Bank Minnesota Power

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes _____ No

If yes, why _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes _____ No

If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes _____ No

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. 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 _____

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

(WITNESS)

_____ _____
(DATE) (APPLICANT'S SIGNATURE)

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant partnership (Madeline Petersen / Jona Johnson)
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 109 West 1st Street, Duluth, MN 55802
3. Your Name Madeline Suzanne Petersen 12-08-83
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 1945 Hawthorne Ave East St Paul MN 55119
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: 907 Smith Avenue South, West St Paul, MN 55118
Pamson
6. Other names you are, or have been known by, including maiden name: Madeline Suzanne Bergeson
7. Your position in the business: owner
(Owner, partner, president, treasurer, manager, etc.)
8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No
- (b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No
- (c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) Markus Desher - 1729, S 26 Selby Avenue, St Paul, MN 55102
- (2) Penny Larsen Jeweler - 2010 E Hennepin Ave, Minneapolis MN 55413
- (3) (Bank) VS Bank

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes No

If yes, why _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes No

If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes No

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. 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

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

April Ashleson
(WITNESS)

4/27/18
(DATE)

[Signature]
(APPLICANT'S SIGNATURE)

April Ashleson