



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 # _____

F23
26

LICENSE APPLICATION

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.

LICENSE

ON SALE BEER
INVESTIGATION FEE (ONE TIME)

FEE

\$ 476.00
 42.00
TOTAL \$ 518.00
 1101.00
 \$ 1619.00 + \$ 20.00

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

Trophy CAFE LLC
1314 Commonwealth Ave
Duluth, MN 55808
218 522 4558

BUSINESS NAME/ADDRESS/PHONE:

Trophy CAFE
SAME

MANAGER'S NAME, ADDRESS, PHONE

MIKE OHARA
621 W. 3rd St
Duluth, MN 55806
218 940-1053

BUILDING OWNER NAME/ADDRESS/PHONE:

LARRY PULKRABEK
1342 STARLINE RD
OSCEOLA, IA 50123
218-310-6577

KRIS CHELSTROM
2025 OAKS AVE
Superior, WI 54880

DONNA PULKRABEK

LICENSE PERIOD: Ending April 30

MISC: A corresponding Dancing License is an additional - \$980.00

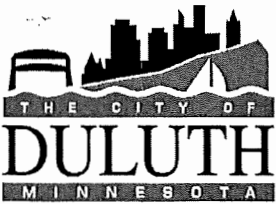
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

[Signature]
 Signature of Applicant

MAILING ADDRESS:

Trophy CAFE
1314 Commonwealth Ave
Duluth, MN 55808

PLAT/PARCEL: _____
 (If known)



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ON SALE WINE LICENSE
INITIAL INVESTIGATION (Level 4)

FEE
 \$ 892.00
 209.00
TOTAL **\$1101.00**

LICENSEE NAME, ADDRESS, PHONE:
 (Corporation/Individual/Partnership)
Trophy CAFE LLC
1314 Commonwealth AVE
Duluth, MN 55808
218 522-4558

BUSINESS NAME, ADDRESS, PHONE:
Trophy CAFE
SAME

MANAGER'S NAME, ADDRESS, PHONE:
MIKE OHARA
621 W. 3rd St
Duluth, MN 55806
218 - 940-1053

PROPERTY OWNER NAME, ADDRESS, PHONE:
LARRY PUKRABEK
1342 STARLINE RD
OSCEOLA, IA 50123
218 - 310 - 6577

Kris chelsgron
2025 OAKS AVE
Superior, w. 54880

LICENSE PERIOD: _____ **Ending 8/31**

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.



 Signature of Applicant

MAILING ADDRESS
Trophy CAFE
1314 Commonwealth
Duluth, MN 55808

Plat/Parcel # (if known): _____

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 items 1-4, and 11 & 12 of this application. Items 5-10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant

Trophy Cafe LLC

(Individual, Partnership, Corporation or Club)

2. Address of licensed premises

1314 Commonwealth Ave

3. Your Name

LARRY
(First)

ROBERT
(Middle)

PULKRABEK
(Last)

(Jr./Sr.)

7-12-60
(Date of Birth)

4. Home Address

1342
(Address)

STARBUCK
(City)

CLARKE
(County)

IA
(State)

50123
(Zip)

5. Other home addresses in last 10 years:

N/A

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

NONE

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 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. _____

N/A

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

- (1) SYSCO MN PO Box 49730 BLAINE, MN 55449
- (2) MOUNTAIN GUANO Am Wines New Hampshire HAMPSHIRE AVE PORTSMOUTH, NH
- (3) (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 X
If yes, why? _____

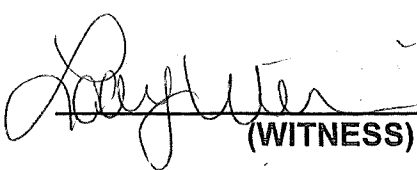
(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes _____ No X
If yes, why? _____

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 X

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. N/A

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 X No _____

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


(WITNESS)

11-25-18
(DATE)


(APPLICANT'S SIGNATURE)