



CITY OF DULUTH
CITY CLERK'S OFFICE
 330 City Hall 1 411 West First Street
 Duluth, Minnesota 55802-1189
 Phone (218) 730-5500
 Fax (218) 730-5923

FOR OFFICE USE ONLY
 DATE: 9/26/18
 LICENSE # 76030

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~~ 42.00
TOTAL \$ 518.00

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

Hostel du Nord LLC
217 w 1st st duluth, mn 55802
218-341-0793

BUSINESS NAME/ADDRESS/PHONE:

Hostel du Nord
217 w 1st st duluth, mn 55802
218-341-0793

MANAGER'S NAME, ADDRESS, PHONE

Bob Monahan
321 w 1st st duluth, mn 55802
218-341-0793

BUILDING OWNER NAME/ADDRESS/PHONE:

Dean Alexander
3 w superior st duluth mn 55803
218-390-6285

LICENSE PERIOD: Ending April 30

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

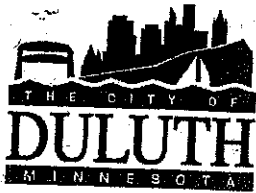
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

Signature of Applicant

MAILING ADDRESS:

217 W 1st St
Duluth, MN
55802

PLAT/PARCEL: _____
 (If known)



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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: Bob Monahan
2. Trade Name: Hostel du Nord
3. Address of place to be licensed: 217 W 1st St Duluth, MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ~~Second floor~~ First, Second + Third floor
5. Name and address of owner of building: Dean Alexander 3 W Superior St Duluth, MN 55802
Any connection with applicant? investor Who receives the rent: Dean Alexander
6. Who will direct the operation of the business or serve as manager on the premises? - List name, address & title:
Bob Monahan 321 W 1st St Duluth, MN 55802 Owner of Hostel du Nord
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
100% owned by Robert Monahan
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
500 ft
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: \$450,000 from Dean Alexander for building renovation

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:  Date: September 19, 2018

Signature: _____ Date: _____