



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 4-17-18
 LICENSE # 760 210
 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	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	_____
	TOTAL:	\$ 178.00

pd

LICENSEE NAME, ADDRESS, & PHONE

(Individual/corporation/partnership)

Maggie's Farm, LLC
325 S. Lake Ave Ste. 109
Duluth, MN 55802
218-600-1668

BUSINESS NAME, ADDRESS, & PHONE

The Ripple Bar on Lake Superior

Same

MANAGER'S NAME, ADDRESS & PHONE NO.

Margaret Gustafson
2528 Harvey St
Duluth, MN 55811

NAME & ADDRESS OF PROPERTY OWNER:

Dan Meierhoff
325 S. Lake Ave
Duluth MN 55802

Email: _____

LICENSE PERIOD: 9/1/17 8/31/18

MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS:

NA

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.

Signature of Applicant _____



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:

- 1) City issued on sale intoxicating and Sunday liquor licenses
- 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License Duluth License Period From: 9-1-17 To: 8-31-18

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ 178 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: Maggi's Farm L.L.C. DOB 3/22/1985 Social Security # 391-94-9302
(corporation, partnership, LLC, or Individual)

Business Trade Name The Rippli Bar L.L.C. Business Address 305 Shakopee St City Duluth
109

Zip Code 55802 County St. Louis Business Phone 218-606-1668 Home Phone 218-481-3224

Home Address 2728 Haney St City Duluth Licensee's MN Tax ID # 5467475
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # 82-3975904
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Jason Robert Gustafson 5/31/81 370-92-5339 2728 Haney St, 55801
 Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Margaret Elynn Gustafson 3/28/1955 391-94-9302 same
 (Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following: TWC 3698308
 Workers Compensation Insurance Company Name: Technology Insurance Co. Inc. Policy # TWC 3698308

I certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature: Alice A. Miller Date 4-17-18
(title)

On Sale Intoxicating liquor licensees must also purchase a S20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.