



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 1-23-18
 LICENSE # _____

RECEIVED
 JAN 23 2018
 CITY OF DULUTH
 CITY CLERK OFFICE

LICENSE APPLICATION

LICENSE

CONSUMPTION AND DISPLAY
 INVESTIGATION FEE - LEVEL I - one time fee

FEE

\$300.00
31.00

TOTAL

LICENSEE NAME/ADDRESS/PHONE NO.

Kristen Sawyer / Superior Studios INC
732 E 4th St 55805
612 987 5889

TRADE NAME: Board & Brush

BUSINESS PHONE: 218 491 6163

MANAGER'S NAME/ADDR/PHONE NO.

Kristen Sawyer
1911 E 4th St Duluth, MN
612 987 5889

OWNER OF BUSINESS PREMISES:

Bob and Judy Skyles
4152 N Birch Ave Skyles
Duluth, MN 55803
218-600-8341

LICENSE PERIOD: 4/01/ - 3/31

MISC. INFO: LICENSED APPROVED BY CITY COUNCIL AND SENT TO STATE LIQUOR CONTROL FOR THEIR APPROVAL AND ISSUANCE

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.

Kristen Sawyer
 Signature of Applicant

MAILING ADDRESS:

1911 E 4th St
Duluth, MN
55812



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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: Superior Studios, Inc.
2. Trade Name: Board & Brush
3. Address of place to be licensed: 732 E 4th St Duluth 55805
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Suite on left of building
5. Name and address of owner of building: Bob & Judy Shyles 6152 N Birch Acres Rd
Any connection with applicant? landlord Who receives the rent: Bob & Judy
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Kristen Sawyer 1911 24th St Duluth 55812 Owner
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
NA
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
NA Kristen Sawyer → sole owner, 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
UMD - 2 miles Myers-Wilkins - 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:
NA

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: [Signature] Date: 1/22/18

Signature: _____ Date: _____