

April 4th 2018 4:45 - AGT City Council Chambers

Application by March 28th



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 3-23-18
LICENSE # 710025

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.

TRANSFER NON INTOXICATING BEER LICENSE

LICENSE	FEE	TOTAL
* ON SALE BEER TRANSFER LEVEL 2 INVESTIGATION FEE	\$119.00 42.00	\$ 161
OFF SALE BEER TRANSFER LEVEL 1 INVESTIGATION FEE	\$119.00 31.00	\$

LICENSEE NAME/ADDRESS/PHONE NO.
(Individual, Corporation, Partnership)

HARALU CORP
319 W Superior St.
Duluth, MN, 55802
P: 218-727-8767

TRADE NAME: DULUTH INDIA PALACE

BUSINESS PHONE: 218-727-8767

OWNER OF BUSINESS PREMISES:

MIASHIEWELIE HARALU

MANAGER'S NAME/HOME ADDR/PHONE
(Home address, not work address)

MIASHIEWELIE HARALU
1023 BROADWAY Street
Superior, WI, 54880
P: 218-260-0502

LICENSE PERIOD: Ending 4/30

PLAT/PARCEL# _____

Comments: _____

MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS

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.

N. Haralu

Signature of Applicant



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 DATE 3-23-18
 LICENSE # 760021

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.

APPLICATION TO TRANSFER ON SALE WINE LIQUOR LICENSE

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Wine Transfer Liquor		\$358	358
Dancing	980	n/c	
Additional Bar	571	n/c	
After Hours Entertainment	262	n/c	
2:00 a.m. (Issued by State)	See State form	n/c	
		TOTAL:	\$567

LICENSEE LEGAL NAME, ADDRESS & PHONE:
 (Individual, Corporation, Partnership, LLC)

HARALU CORP
319 W Superior St.
Duluth, MN, 55802
P: 218-727-8767

BUSINESS NAME, ADDRESS, & PHONE:

Duluth India Palace
319 W Superior St
Duluth, MN, 55802
P: 218-727-8767

MANAGER'S NAME, ADDRESS & PHONE

MIASHIEWELIE HARALU
1023 Broadway St.
Superior, WI, 54880
P: 218-260-0502

NAME & ADDRESS OF PROPERTY OWNER:

SCOTT VESTERSTEIN
Fitzgers
600 East Superior St.
Duluth, MN, 55802

LICENSE PERIOD: Ending 8/31/

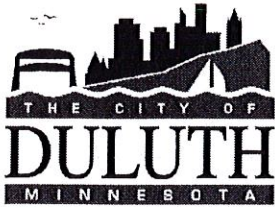
License transferred from (provide documentation from existing licensee approving transfer):

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]
 Signature of Applicant

MAILING ADDRESS:

319 W Superior St
Duluth, MN, 55802



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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: HARALU CORP (MIAZHIEWELIE HARALU)
2. Trade Name: DULUTH INDIA PALACE
3. Address of place to be licensed: 319 W Superior St, Duluth, MN, 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor - Dining Room
5. Name and address of owner of building: SCOTT VESTERSTEIN
 Any connection with applicant? Landlord Who receives the rent: V.S. Partnership
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title: MIAZHIEWELIE HARALU, MANAGER, 1023 Broadway St, Superior, WI
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details: 54880
NA
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
NA
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
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: *Waldemar* Date: 3-22-18
 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 HARALU CORR
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 319 W Superior St, Duluth, MN, 55802
3. Your Name MIASHIEWELIE HARALU 02-12-83
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 1023 Broadway St, Superior, Douglas, WI, 54880
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years:
122 W 4th St, Apt B, Duluth, MN, 55806
215 Oak Grove St, Minneapolis, MN, 55403 Apt # 12
1511 Grand Ave, St. Paul, MN, 55105 Apt # 18
6. Other names you are, or have been known by, including maiden name: NA
7. Your position in the business: Owner / Manager
(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) Berniecks - Pepsi
- (2) CINTAS Uniform Services
- (3) (Bank) WELLS FARGO

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. _____

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.

Rebecca [Signature]
(WITNESS)

3/22/18
(DATE)

[Signature]
(APPLICANT'S SIGNATURE)