



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 4-25-11

LICENSE # 760203

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

OLD style

License applied for:	Individual Fees	Indicate below
Investigation fee (one time)	<input checked="" type="checkbox"/> \$ 209.00	\$ 209.00
On Sale Intoxicating Liquor	<input checked="" type="checkbox"/> 4,173.00	4173.00
On Sale Sunday	178.00	
Dancing	<input checked="" type="checkbox"/> 1,130.00	1130.00
Additional Bar (each)	571.00	
After Hours Entertainment	262.00	
2:00 A.M. (Issued by the State - see form attached)	N/C	
	TOTAL:	\$ 5512.00

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

A. KRAUSE LLC
18 N 1st AVE W
DULUTH, MN 55802
218-213-8669

BUSINESS NAME, ADDRESS, & PHONE

BLUSH
18 N 1st AVE W
DULUTH, MN 55802
218-213-8669

MANAGER'S NAME, ADDRESS & PHONE NO.

MICAH TIGNER
1117 E 4th St.
DULUTH, MN 55805

NAME & ADDRESS OF PROPERTY OWNER:

AARON DAVIS
16 1/2 N 1st AVE W
DULUTH, MN 55802

LICENSE PERIOD: 9/1/ - 8/31/

Plat/Parcel: _____

Mailing Address if other than Business Address:

MICAH TIGNER
1117 E 4th St.
DULUTH, MN 55805

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



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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: A-KRAUSE LLC
2. Trade Name: BLUSH
3. Address of place to be licensed: 18 N 1st Ave-W Duluth, MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) GROUND FLOOR
5. Name and address of owner of building: Aaron DAVIS 16 1/2 N 1st AVEW, 55802
Any connection with applicant? NO Who receives the rent: ARON DAVIS
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
DANIEL NORGARD; BAR MANAGER 1914 E 6TH ST. DULUTH, MN 55812
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
DANIEL NORGARD 20%, MICAH TRIGNER 20%, Gabrielle HAGSTROM 20%, MICHAEL PRESTON 20%
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
N/A
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
1/2 - 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: UPON FULL PAYMENT OF \$500 BUY-INS; GABRIEL NAUGHTEN & SAMUEL WILLIAMS WILL BECOME OWNERS/PARTNERS OF A-KRAUSE LLC

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: 7/24/17

Signature: [Signature]

Date: 7/25/17