



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 _____

LICENSE # _____

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 LIQUOR LICENSE

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Intoxicating Liquor		\$358	358
On Sale Sunday	178	n/c	
Dancing	1,130	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:	\$ 567.00

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

Kinseth Hospitality Company, Inc.
2 Quail Creek Circle
North Liberty, IA 52317
319-626-5600

Email: mschultz@kinseth.com

MANAGER'S NAME, ADDRESS & PHONE

Bruce Kinseth
2807 Woodland Knolls
Coralville, IA 52241
319-626-5600

BUSINESS NAME, ADDRESS, & PHONE:

Tru by Hilton
503 Clearwood Dr.
Duluth, MN 55811
218-722-0222

NAME & ADDRESS OF PROPERTY OWNER:

Duluth Hotel Associates, LLC
2 Quail Creek Circle
North Liberty, IA 52317
319-626-5600

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.

Bruce Kinseth

Signature of Applicant

MAILING ADDRESS:

Kinseth Hospitality Company
2 Quail Creek Circle
North Liberty, IA 52317



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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: Kinseth Hospitality Company, Inc. (Management Company for Owner)
2. Trade Name: Tru by Hilton
3. Address of place to be licensed: 503 Clearwood Dr. Duluth, MN 55811
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) _____
5. Name and address of owner of building: Duluth Hotel Associates, LLC. 2 Quail Creek, North Liberty, IA
 Any connection with applicant? Yes Who receives the rent: Duluth Hotel Associates, LLC
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Amanda Johnson 2329 W. 11th St., Duluth, MN 55806 General Manager
- 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:
Leslie Kinseth 25% Bruce Kinseth 25%
Gary Kinseth 25% Linda Skinner 25%

9. State approximate distance of this establishment from nearest academy, college, university, church or school:
LDS Church .3 miles from hotel

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:
None, Kinseth is Hotel Management Firm managing Hotel, handling all sales tax, operations and selling of Alcoholic Beverages

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: Bruce Kinseth Date: 7/15/19

Signature: _____ Date: _____