



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 #	_____

LICENSE APPLICATION

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.

LICENSE

ON SALE BEER
 INVESTIGATION FEE (ONE TIME)

FEE

\$ 476.00
42.00
TOTAL \$ 518.00

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

Jim Goodman

 2507 Branch Street, Duluth, MN 55812

 218.260.0483

 jim.goodman@boostadvising.com

BUSINESS NAME/ADDRESS/PHONE:

Crabby 'Ol Bills, Inc.

 Administrative Address: 2507 Branch Street, Duluth, MN 55812

 Physical Address: 504 Canal Park Drive, Duluth, MN 55802

 Phone: 218.260.0483 Email: jim.goodman@boostadvising.com

MANAGER'S NAME, ADDRESS, PHONE

Jim Goodman

 2507 Branch Street, Duluth, MN 55812

 218.260.0483

 jim.goodman@boostadvising.com

BUILDING OWNER NAME/ADDRESS/PHONE:

Jim Goodman

 2507 Branch Street, Duluth, MN 55812

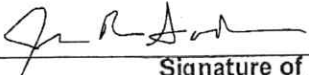
 218.260.0483

 jim.goodman@boostadvising.com

LICENSE PERIOD: Ending April 30

MISC: A corresponding Dancing License is an additional - \$980.00

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

MAILING ADDRESS:

2507 Branch Street, Duluth, MN 55812

Parcel ID Number:

PLAT/PARCEL: 010-4370-00070

 (If known)

ALCOHOL GAMBLING & TOBACCO COMMISSION
LIQUOR APPLICATION
CHECK LIST

1. Applicant required to attend the Alcohol Gambling & Tobacco Commission (AGTC) meeting, which meets the 1st Wednesday of each month. Application and fee to be filed in the Clerk's Office one week prior to the meeting.

** Please Note: Liquor liability insurance, tax numbers, corporate minutes, health dept applications are not needed at this time. They must be in the clerk's office before the council approval or issuance of your license.

2. Applications for a buyer's card & \$20 to be sent to the state prior to license approval by the city. Forms available in clerk's office or on line.

3. The AGTC will make a recommendation to the city council for approval. A resolution will be sent to the state. Upon approval, they will issue your buyer's card.

4. Liquor liability (Dram Shop) insurance. File in Clerk's office prior to council approval. If this is a transfer or you are applying in the middle of the license period, the insurance must read "license period ending 8/31".

5. Worker's compensation form to be filed with the city clerk's office before the paperwork can be sent to the state by our office.

6. Minnesota State Health Department. 218-302-6166, or 218-302-6184. (Does not apply to off sale.)

7. Sales Tax application filed with the Treasurer's office, 105 City Hall. (730-5350.) If this is a transfer, the taxes must be paid in full (from former owner) before license can be issued.

8. Fire Dept. (730-4398). Any issues of fire code violations must be taken care of before license can be issued.

9. Corporate documentation indicating stock ownership, minutes showing the owners, and Articles of Incorporation must be filed prior to issuance of license. If Partnership or LLC, documentation of owners, is required.

10. If a transfer, a copy of the signed Purchase Agreement is required before a resolution is filed with the city council.

11. Wine & Off Sale Liquor: Call the State at 651-296-9519 for an inspection of site.

12. Property taxes must be paid up to date. Prior years and current.

13. New liquor, wine and beer fees are to be paid in full at the time application is filed. After city council approval, a refund will be processed.

14. NOTE: The license period for a 3.2% non intoxicating malt liquor license is May 1 to Apr 30th. Wine, on sale or off sale intoxicating liquor license period is Sept. 1 - Aug 31st.



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ON SALE WINE LICENSE	FEE
INITIAL INVESTIGATION (Level 4)	\$ 892.00
	<u>209.00</u>
TOTAL	\$1101.00

LICENSEE NAME & ADDRESS
 (Corporation/Individual/Partnership)
 Crabby 'Ol Bills, Inc.

 504 Canal Park Drive, Duluth, MN 55802

TRADE/BUSINESS NAME:

 Crabby 'Ol Bills, Inc.

Phone: _____
 Email: _____

BUSINESS PHONE: 218.260.0483

MANAGER'S NAME/ADDR/PHONE NO.
 Jim Goodman

 2507 Branch Street, Duluth, MN 55812

 218.260.0483

NAME & ADDRESS OF OWNER OF PROPERTY
 Jim Goodman

 2507 Branch Street, Duluth, MN 55812

LICENSE PERIOD: Ending 8/31

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

MAILING ADDRESS (if different)



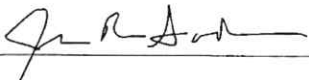
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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: Jim Goodman
2. Trade Name: Crabby 'Ol Bills, Inc.
3. Address of place to be licensed: 504 Canal Park Drive, Duluth, MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Attached patio (see Appendix 1)
5. Name and address of owner of building: Jim Goodman, 2507 Branch Street, Duluth, MN 55812
 Any connection with applicant? Applicant is Owner Who receives the rent: City of Duluth
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Jim Goodman, Owner, 2507 Branch Street, Duluth, MN 55812
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
Jim Goodman is sole owner
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
Jim Goodman is sole owner
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
Nearest establishment is Harbor City International School, which is ~2700 feet away (see attached Appendix 2)
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: The business was purchased on April 13 of 2018 from the prior owner. It operated for its first year without selling alcoholic beverages (except for 2 weeks in the summer of 2019 at the request of the City of Duluth in conjunction with their "Image Canal Park" initiative). The business is currently not for sale.

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:  Date: 3/5/2019
 Signature: _____ Date: _____