



**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 10/30/18  
 LICENSE # 759975

**LIQUOR LICENSE APPLICATION**

LICENSE	FEE
OFF SALE INTOXICATING LIQUOR	\$1500.00
OFF SALE INTOXICATING LIQUOR - CONDITIONAL	\$1400.00
LEVEL 4 INVESTIGATION FEE (One time)	\$ 209.00

**LICENSEE BUSINESS NAME & BUSINESS ADDRESS (Corp/individual/partnership)**

Lakeside Liquors Inc.  
4507 E. Superior St  
Duluth, MN 55804

**TRADE NAME:** Lakeside Liquors

**BUSINESS PHONE:** 218-393-3643

**MANAGER'S NAME & ADDRESS & PHONE**

Dawn + Mark Moran  
5335 Idlewild St  
Duluth, MN 55804  
218-393-3643 218-390-6028

**OWNER OF BUSINESS PROPERTY:**

Steven W. Preston

**LICENSE PERIOD:** 9/1/18- 8/31/19

**PLAT/PARCEL:** 010-3010-00860

**LIST CORPORATE OFFICERS OR PARTNERS (TITLE/STOCK):**

Dawn Moran President 51%  
Mark Moran Vice President 49%

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.

Dawn Moran

Signature of Applicant

**Mailing Address:**  
Dawn + Mark Moran  
5335 Idlewild St.  
Duluth, MN 55804

dsahardware@gwestoffice.net  
dmoran@d.umn.edu



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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: Dawn + Mark Moran - Lakeside Liquors Inc.
2. Trade Name: Lakeside Liquors
3. Address of place to be licensed: 4507 E. Superior St.
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Name and address of owner of building: Steven W. Preston 231 E. 14<sup>th</sup> St Duluth  
 Any connection with applicant? N/A Who receives the rent: Steven W. Preston 55811
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Dawn + Mark Moran 5335 Idlewild St Duluth Owners
- 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:  
Dawn Moran, President 51%  
Mark Moran, Vice President 49%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
over 1500 feet
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:  
 \_\_\_\_\_

**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: Dawn Moran Date: 10-26-18  
 Signature: Mark Moran Date: 10-26-18