



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

2016

FOR OFFICE USE ONLY

DATE 1-18-2017

LICENSE # 760198

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

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

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

CP DULUTH, Inc.
1402 W. ARROWHEAD RD.
Suite 100
DULUTH MN 55811

BUSINESS NAME, ADDRESS, & PHONE

Cracked Pint Ale House
1402 W. ARROWHEAD RD. Suite 100
DULUTH MN 55811
218-393-8710

MANAGER'S NAME, ADDRESS & PHONE NO.

Russ Smith
3718 E 4th St DULUTH MN 55804
218-393-8710

NAME & ADDRESS OF PROPERTY OWNER:

United Properties Development LLC
3600 AMERICAN BVD. W. Suite 750
MINNEAPOLIS MN 55431

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

Plat/Parcel: _____

Mailing Address if other than Business Address:

1402 W Arrowhead
Suite 100

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.

Russ Smith

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: CP DULUTH
2. Trade Name: CROOKED PINT Ale House
3. Address of place to be licensed: 1402 W. ARROWHEAD RD. Suite 100
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) 1 Level PATIO
5. Name and address of owner of building: UNITED Properties / 3600 AMERICAN BLDG. W.
Any connection with applicant? NO Who receives the rent: SEE ABOVE
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
RUSS SMITH / 3718 E 4th DULUTH MN / PRESIDENT / GM
- 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:
SCORP. RUSS SMITH 27.5 / KIM BAILEY 17.5 / JIMMIE ABERNETHY 17.5 /
DAN GOSSELINK 12.5 / JEFF AMRAEN 12.5 / SOST & NICOLE WIDDERS 12.5
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
2 city BLOCKS
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: _____ Date: _____

Signature: [Signature] Date: 12/30/2016

