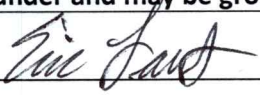


**TYPE OF LICENSE**  
(Check all that apply)

	<b>License Type</b>	<b>Fee</b> <small>(not including investigation fee)</small>		<b>License Type</b>	<b>Fee</b>
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	On-Sale Intoxicating	\$381	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input type="checkbox"/>	Sunday Liquor	\$ 0.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	Wine (Includes Sunday)	\$714	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<input type="checkbox"/>	Consumption and Display	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$ 0.00	<input type="checkbox"/>	Liquor License Transfer Only	\$ 0.00
<input type="checkbox"/>	Special Club Liquor	Calculated by Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$ 0.00
<input type="checkbox"/>	Dancing	\$ 0.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	Calculated by State
<input type="checkbox"/>	Additional Bar (each)	\$ 0.00	<input type="checkbox"/>	After Hours Entertainment	\$ 0.00
<b>TOTAL DUE:</b>					<b>\$ 0.00</b>

**BUSINES INFORMATION**

Name of applicant (name of individual, partnership, corporation or association):			
Duluth Coffee Company inc			
Applicant Address: 105 E Superior Street			
City:	Duluth	State:	MN
Zip:	55802		
Applicant Phone:	218-591-9545	Applicant Email Address:	eric@duluthcoffeecompany.com
Business Name/dba:	Duluth Coffee Company		
Business Address:	105 E Superior street, Duluth, MN 55802	City	MN Zip
Business Phone:	218-221-6643		
Minnesota Tax ID Number:	2725208	Federal Tax ID Number:	61-1579832
List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:			
State approximate distance of this establishment from nearest academy, college, university, church, or school:			
2-4 Miles			
Who will direct the operation of the business or serve as a manager on the premises?			
Full Name:	Eric Faust	Phone Number:	218-591-9545

BUILDING OWNER INFORMATION			
Full Name:	Don Garofalo		Phone Number: 651-777-4340
Address:	40 Osprey court, North Oaks, MN 55127		
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.			
DESCRIPTION OF PROPOSED BUSINESS:			
What is the seating capacity of the restaurant?			
Indoor Seating:	49	Outdoor Seating:	20
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)		Indoor & Outdoor Seating	
Will serving of prepared food occur at this site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please attach license from MN Department of Health.</i>			
List date you desire to start serving liquor:	June 1st		
<b>NOTE: The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine is September 1 – August 31.</b>			
Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" 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 changes 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 to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.			
Signature: 		Date: 5/9/2022	
Signature:		Date:	

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.



**TYPE OF LICENSE**  
(Check all that apply)

	<u>License Type</u>	<u>Fee</u> <small>(not including investigation fee)</small>		<u>License Type</u>	<u>Fee</u>
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	On-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input type="checkbox"/>	Sunday Liquor	\$ 0.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input checked="" type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<input type="checkbox"/>	Consumption and Display	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$ 0.00	<input type="checkbox"/>	Liquor License Transfer Only	\$ 0.00
<input type="checkbox"/>	Special Club Liquor	Calculated by Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$ 0.00
<input type="checkbox"/>	Dancing	\$ 0.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	Calculated by State
<input type="checkbox"/>	Additional Bar (each)	\$ 0.00	<input type="checkbox"/>	After Hours Entertainment	\$ 0.00
<b>TOTAL DUE:</b>					<b>\$ 0.00</b>

**BUSINES INFORMATION**

Name of applicant (name of individual, partnership, corporation or association):			
Applicant Address:		Connor Riley 1622 Jefferson St.	
City:	Duluth	State:	MN
Zip:	55802		
Applicant Phone:		Applicant Email Address:	
612 518 7529		Connor@amazinggraceduluth.co.	
Business Name/dba:		Amazing Grace Cafe	
Business Address:		394 S. Lake Ave City Duluth MN Zip 55802	
Business Phone:		2187230075	
Minnesota Tax ID Number:		Federal Tax ID Number:	
4585779		47-4947036	
List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:			
Connor Riley 100%			
State approximate distance of this establishment from nearest academy, college, university, church, or school:			
Who will direct the operation of the business or serve as a manager on the premises?			
Full Name:		Phone Number:	
Connor Riley		612 518 7529	

**BUILDING OWNER INFORMATION**

Full Name:	Onieda Realty	Phone Number:	
Address:	306 W Superior St. #1605 Duluth MN 55802		
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.			
17 year lease			

**DESCRIPTION OF PROPOSED BUSINESS:**

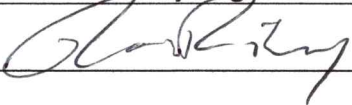
What is the seating capacity of the restaurant?	65		
Indoor Seating:	65	Outdoor Seating:	25
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)		ground floor + patio	
Will serving of prepared food occur at this site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach license from MN Department of Health.			

List date you desire to start serving liquor: 06/01/22

**NOTE:** The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine is September 1 – August 31.

Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" 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 changes 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 to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.

Signature:		Date:	5/23/22
Signature:		Date:	

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.