

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

<input type="checkbox"/>	<b>License Type</b>	<b>Fee</b> <small>(not including investigation fee)</small>	<input type="checkbox"/>	<b>License Type</b>	<b>Fee</b>
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input 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 type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<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>

**BUSINESS INFORMATION**

Name of applicant (name of individual, partnership, corporation or association):			
Keyport Holdings			
Applicant Address: 1900 Belknap Street			
City:	Superior	State:	WI Zip: 54880
Applicant Phone:	715-392-5855	Applicant Email Address:	Keyport@charter.net
Business Name/dba:	Keyport Liquor		
Business Address:	2530 London Rd	City Duluth	MN Zip 55812
Business Phone:	218-724-8818		
Minnesota Tax ID Number:	8418261	Federal Tax ID Number:	92-0653180
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:			
Nick Casper 42%--Philip Casper 28%---Greg Borash 15%--Mark Casper 15%			
State approximate distance of this establishment from nearest academy, college, university, church, or school:			
2 Miles			
Who will direct the operation of the business or serve as a manager on the premises?			
Full Name:	Nick Casper	Phone Number:	218-343-1782

**BUILDING OWNER INFORMATION**

Full Name:	Judy Webber-Richard McNitt	Phone Number:	218-728-3641
Address:	1921 South Street Duluth, MN 55812		
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.			
5yr with monthly payment			

**DESCRIPTION OF PROPOSED BUSINESS:**

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

List date you desire to start serving liquor:

**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:	Mark T. Casper	Date:	10/20/22
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.