



CITY OF DULUTH
CITY CLERK'S OFFICE
330 City Hall 1 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500
Fax (218) 730-5923

FOR OFFICE USE ONLY

DATE 3-30-17

LICENSE # 760201

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	\$
On Sale Intoxicating Liquor	✓ 4,173.00	
On Sale Sunday *	178.00	
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:	\$ <u>4382.00</u>

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

Paul's Wine and Cider LLC
5306 Wyoming St
Duluth, MN. 55804
218-343-6783

BUSINESS NAME, ADDRESS, & PHONE

~~Paul's Wine and Cider LLC dba The Slip~~
325 South Lake Ave ste #109
Duluth, MN. 55802
218-343-6783

MANAGER'S NAME, ADDRESS & PHONE NO.

Paul Christensen
5306 Wyoming St Duluth MN 55804
218-343-6783

NAME & ADDRESS OF PROPERTY OWNER:

Dan Meierhoff
325 South Lake Ave
Duluth, MN. 55802

LICENSE PERIOD: 9/1/16 - 8/31/17

Plat/Parcel: _____

Mailing Address if other than Business Address:

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



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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: Paul's wine and Cider LLC
2. Trade Name: The Slip
3. Address of place to be licensed: 325 South Lake Ave STE 109, Duluth MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor - see map
5. Name and address of owner of building: Dan Meierhoff 325 Lake Ave South Duluth MN 55802
Any connection with applicant? NO Who receives the rent: Marine Iron Shipbuilding Co.
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Paul Christensen 5306 Wyoming St. Duluth MN 55804 own/operator
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
N/A
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
Paul Christensen 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
• 8 miles
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: N/A

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: 3/28/17

Signature: _____

Date: _____

3-28-2017

Area outlined in green

