

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 5-31-2017

LICENSE # 760204

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)	<input checked="" type="checkbox"/> \$ 209.00	\$
On Sale Intoxicating Liquor	<input checked="" type="checkbox"/> 4,173.00	
On Sale Sunday	<u>NO</u> 178.00	
Dancing	<u>NO</u> 1,130.00	
Additional Bar (each)	<u>NO</u> 571.00	
After Hours Entertainment	<u>NO</u> 262.00	
2:00 A.M. (Issued by the State - see form attached)	<u>NO</u> N/C	
	TOTAL:	\$

LICENSEE NAME, ADDRESS, & PHONE

(Individual/corporation/partnership)

Duluth Coffee Company, Inc.
105 East Superior St.
Duluth, MN 55802
218-464-5025

BUSINESS NAME, ADDRESS, & PHONE

Duluth Coffee Company
101 East Superior St.
Duluth, MN 55802
218-591-9545 (Eric)

MANAGER'S NAME, ADDRESS & PHONE NO.

Laura Hamblin
105 East Superior St.
Duluth, MN 55802
218-221-6625

NAME & ADDRESS OF PROPERTY OWNER:

Pon Garofalo
40 Osprey Court
North Oaks, MN 55127
651-777-3430

LICENSE PERIOD: 9/1 - 8/31

Plat/Parcel: _____

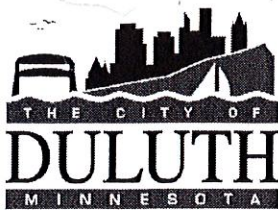
OLD STYLE

Mailing Address if other than Business Address:

Duluth Coffee Company
105 East Superior St.
Duluth, MN 55802

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.

Eric
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: Duluth Coffee Company, INC
2. Trade Name: Duluth Coffee Company
3. Address of place to be licensed: 101 E Superior St Duluth MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.): Roastery
5. Name and address of owner of building: Don Garofolo, 40 Osprey Court, North Oaks MN 55127
Any connection with applicant? Landlord Who receives the rent: Don Garofolo
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title: Laura Hamblin, 105 E Superior St, Cafe Supervisor
- 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: Eric Faust, 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school: .2 miles from the Duluth Area Learning Center
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: [Signature] Date: 5/9/17

Signature: _____ Date: _____