

License applied for:

Mailing Address if other than Business Address:

Investigation fee (one time)

On Sale Intoxicating Liquor

On Sale Sunday

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 11-30-17 LICENSE # 16207
Old LicenseType 11 New License X Type 11-5

Indicate below

209

178

4201

Individual Fees

AND CORRECT AND THAT I SHALL COMPLY WITH ALL

Signature of Applicant

PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND

\$ 209.00

4,201.00

178.00

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

Dancing		1,130.00	, 2000		
Additional Bar (each)		571.00	bergan,		
After Hours Entertainment		262.00	262		
2:00 A.M. (Issued by the State - see form attached)	N/C			
		TOTAL:	\$4850		
LICENSEE NAME, ADDRESS, & PHONE (Individual/corporation/partnership) Soundduluth, LLC. IBQ Superior Street, Suik 2A Buluth, MN 55803	BUSINESS NAME, ADDRESS, & PHONE Sound 132 E. Superior Street, Suite 2A Duluth, MN 55802				
MANAGER'S NAME, ADDRESS & PHONE NO. Alisan Underthun 429 E. Oxford Street, Upper Duluth, MN 55883	Rod Raymo	ess of propert and / Just Tak perior street, an 55002			
Plat/Parcel:	LICENSE PERI	OD: 9/1//7- 8/31	118		
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE					

THEIR AMENDMENTS.



CITY OF DULUTH

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (<u>individual, partnership or corporation or association</u>) that owns the business to be licensed: Sound du loth, LLC.				
2. Trade Name: Sound				
3. Address of place to be licensed: 132 E. Superior Street, Suite ZA.				
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) wound floor, outside patio				
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor, outside patio 5. Name and address of owner of building: Rod Raymond 132 E. Superior Street, Suite 1A				
Any connection with applicant? None Who receives the rent: Just Take Action / Rod Raymond.				
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title Alison Underthun, Owner and Patrick Scot Stanley Moore, Executive Chef; 429E, 6xford st. 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	1:			
9. State approximate distance of this establishment from nearest academy, college, university, church or school: 8 blocks to Harbor City School; 5 blocks to 150 # 709 ECFE; be blocks to Washington Ir. Hish	•			
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: Per the lease, Alisan Underthan will operate the premises as a new restaurant, Sound				
detail: Per the lease, Alison Underthen will operate the premises as a new restaurant, Sound Of the monthly rate of: 7500 mo, 1-12; 7725 mo, 13-24; 7956 mo, 25-36; 8441 mo, 37-48 8694 mo. 49-60. Alditionally, Mark Friedrichs provided 4850 = haliquor liense fee w/ 2% term personal loen over 12	J.			
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: Olivon Underthen Date: 11/29/2017				
Signature: Date:				