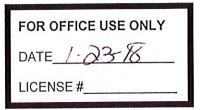


LICENSE

CONSUMPTION AND DISPLAY

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



FEE

\$300.00

31.00



YEAR OF DULUTH CHYCLERK OFFICE

ee <u>31.00</u> TOTAL
TRADE NAME: Board & Brush
tios inc
BUSINESS PHONE: 218. 491. 6163
OWNER OF BUSINESS PREMISES:
Pob and Judy Schykes
4152 N Birch AURSHYKES
DUILYD MN 5580'S
218-600-83Al
LICENSE PERIOD: 4/01/ - 3/31

MISC. INFO: LICENSED APPROVED BY CITY COUNCIL AND SENT TO STATE LIQUOR CONTROL FOR THEIR APPROVAL AND ISSUANCE

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

MAILING ADDRESS:



CITY OF DULUTH

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

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be
licensed: Superior Studios, Inc.
2. Trade Name: Board & Brush.
3. Address of place to be licensed: 732 & 4th St Duruth 55805.
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Soite on Left of Evilo
5. Name and address of owner of building: Bob & Judy Shikes 6152N Birch Ac
Any connection with applicant? Landlord Who receives the rent: Bob a Judy .
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Kristen Sawyer 1911 24th St Duluth 55812 Gwher
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: NE Kristen Saweler > 500 0wner, 160%
9. State approximate distance of this establishment from nearest academy, college, university, church or school: Who - 2 miles Myers - Wilkins - I mile
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: NR
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: 1/22/18
Signature: Date: