



**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

<b>FOR OFFICE USE ONLY</b>	
DATE _____	
LICENSE # _____	
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	\$ 209.00
On Sale Intoxicating Liquor	4317	4317.00
On Sale Sunday	178.00	
Dancing	1,130.00	
Additional Bar (each)	571.00	
<u>License Transfer</u>	<u>358.</u>	<u>358.00</u>
2:00 A.M. (Issued by the State - see form attached)	N/C	
	<b>TOTAL:</b>	<b>\$ 567.00</b>

**LICENSEE NAME, ADDRESS, & PHONE**  
 (Individual/corporation/partnership)  
Magnie's Farm L.L.C.  
325 S. Lake Ave Ste. 109  
Duluth, MN 55802  
218 606-1168

**BUSINESS NAME, ADDRESS, & PHONE**  
The Ripple Bar on Lake Superior  
325 S. Lake Ave. Ste. 109  
Duluth, MN 55802  
218-606-1168

**MANAGER'S NAME, ADDRESS & PHONE NO.**  
MARGARET GUSTAFSON  
2528 HARVEY ST, DULUTH, MN 55811  
218-481-3226

**NAME & ADDRESS OF PROPERTY OWNER:**  
DAN MEIDZHEFF  
325 S. LAKE AVE  
DULUTH, MN 55802

**LICENSE PERIOD:** 9/1/17 - 8/31/18

**Plat/Parcel:** \_\_\_\_\_

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

*[Handwritten Signature]*  
 Signature of Applicant

Mailing Address if other than Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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: Jason Gustafson / Margaret Gustafson
2. Trade Name: The Ripple Bar on Lake Superior
3. Address of place to be licensed: 325 S. LAKE AVE Suite 109
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.): ground floor
5. Name and address of owner of building: Dan Meierhoff 325 S. Lake Ave. Duluth, MN 55802  
 Any connection with applicant? no Who receives the rent: \_\_\_\_\_
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title: Margaret Gustafson, 2528 Harney St Duluth, MN 55811, co-owner/manager
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details: Jason Gustafson 2528 Harney St, Duluth, MN 55811 - owner
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. State approximate distance of this establishment from nearest academy, college, university, church or school: Harbor City School. 7 miles / Inmate Church, 5 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: 7/26/18  
 Signature: [Signature] Date: 7/26/18