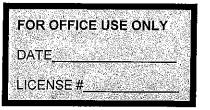


CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall I 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500 Fax (218) 730-5923





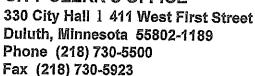
LICENSE APPLICATION

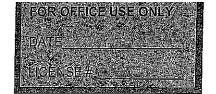
GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public 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.

ON SALE WINE LICENSE INITIAL INVESTIGATION (Level 4)	FEE \$ 892.00 <u>209.00</u> TOTAL \$1101.00
LICENSEE NAME, ADDRESS, PHONE: (Corporation/Individual/Partnership) West Thate LC 319 N Central Are Author My SS807	BUSINESS NAME, ADDRESS, PHONE: West Theodo 319 N Centre Ar Dough, NW 55807
MANAGER'S NAME, ADDRESS, PHONE: Poblid Books 4015. Be vai Rd Durith My 55803- 218-940-6237	PROPERTY OWNER NAME, ADDRESS, PHONE: PALA DIA Proporties LCC P.O. BOX 10122 Dulyy. M 55816
I HEREBY STATE THAT ALL INFORMATION HERE IS WITH ALL PROVISION OF THE ORDINANCES OF THE MINNESOTA AND THEIR AMENDMENTS.	SIgnature of Applicant
MAILING ADDRESS	
^ -	arcel # (if known):
Durath W 52810	



CITY OF DULUTH CITY CLERK'S OFFICE 330 City Hall 1 411 West First Street





LICENSE APPLICATION

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.

<u>LICENSE</u>	FEE
ON SALE BEER INVESTIGATION FEE (ONE TIME)	\$ 476.00 <u>42.00</u> TOTAL \$ 518.00
LICENSEE NAME/ADDRESS/PHONE (Individual/corporation/partnership) West Theater LC 319 N Contact Arene Ourst, NS 55807 218 940-6237	BUSINESS NAME/ADDRESS/PHONE: West Theater LLC 319 N Central Aven Dulyth Mr 55807 218-940-6237
MANAGER'S NAME, ADDRESS, PHONE (20 bord Boon E P. O. Box 16122 Duluty MW 55816 218-940-6237	BUILDING OWNER NAME/ADDRESS/PHONE: PALADIN Properties, LLC 319 N Central Aug Dullth, M 55807 218-944-6237
	LICENSE PERIOD: Ending April 30
MISC: A corresponding Dancing License is an addition	onal - \$980.00
HEREBY STATE THAT ALL INFORMATION HERE IS WITH ALL PROVISION OF THE ORDINANCES OF TH MINNESOTA AND THEIR AMENDMENTS.	
MAILING ADDRESS: Paladid Propurties LCC PS Box 16122 Onlyth. NN 55816	PLAT/PARCEL:(If known)



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: West Theater LLC
2. Trade Name: West Thanten.
3. Address of place to be licensed: 319 N Central Avene
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Growl Floor.
5. Name and address of owner of building: PALADIN DODATES LE POBOR 16122 Dulle
Any connection with applicant? Yes Who receives the rent:
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
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: LLC Pobert Books 100 %
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
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:
<u> </u>
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.
(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
he 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: