

LICENSE

ON SALE BEER TRANSFER

LEVEL 2 INVESTIGATION FEE

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

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TOTAL

 $161.\alpha$

FEE

\$119.00

42.00

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.

TRANSFER 3.2 MALT LIQUOR LICENSE

OFF SALE BEER TRANSFER \$119.00 \$ LEVEL 1 NVESTIGATION FEE 31.00 **BUSINESS NAME/ADDRESS/PHONE NO:** LICENSEE NAME/ADDRESS/PHONE NO. (Individual, Corporation, Partnership) **OWNER OF BUSINESS PREMISES:** MANAGER'S NAME/HOME ADDR/PHONE (Home address, not work address) LICENSE PERIOD: Ending 4/30 PLAT/PARCEL# Comments: 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 MAILING ADDRESS IF OTHER THAN BUSINESS ADDRESS AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS. Signature of Applicant



LICENSE

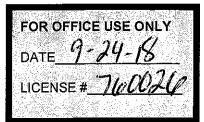
Initial Investigation Fee (one time)
On Sale Wine Transfer Liquor

Dancing

Additional Bar

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Indicate fees

below:

\$209

358

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APPLICATION TO TRANSFER ON SALE WINE LIQUOR LICENSE

New fees:

\$209

980

571

Transfer

fees:

\$358

n/c

n/c

2:00 a.m. (Issued by State) See State form TOTAL: \$567 +980 = 1547 LICENSEE LEGAL NAME, ADDRESS & PHONE: (Individual, Corporation, Partnership, LLC) NAME & ADDRESS, & PHONE: Thai By Thai NAME & ADDRESS OF PROPERTY OWNER: NAME & ADDRESS OF PROPERTY OWNER: 144 // 155 54 27 Tandy Canel LICENSE PERIOD: Ending 8/31/ LICENSE PERIOD: Ending 8/31/ LICENSE 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. MAILING ADDRESS: 2322 ACCHAICE, ALL DULUTH, MIN SS83	After Hours Entertainment	262	n/c			
LICENSEE LEGAL NAME, ADDRESS & PHONE: (Individual, Corporation, Partnership, LLC) MANAGER'S NAME, ADDRESS & PHONE MANAGER'S NAME, ADDRESS, & PHONE MANAGER'S NAME, ADDRESS, & PHONE: MANAGER'S NAME, ADDRESS & PHONE: MANAGER'S NAME, ADDRESS, & PHONE MANA	2:00 a.m. (Issued by State)		n/c			
LICENSEE LEGAL NAME, ADDRESS & PHONE: (Individual, Corporation, Partnership, LLC) Red Damboo L. (Individual, Corporation, Partnership, LLC) NAME & ADDRESS, & PHONE: Thai By Thai NAME & ADDRESS OF PROPERTY OWNER: NAME & ADD		form		4505 . 000	16/10	
MANAGER'S NAME, ADDRESS & PHONE			TOTAL:	\$567 +980=	124.1	
MANAGER'S NAME, ADDRESS & PHONE Supannel Jamm 14 W. 15 5 7	LICENSEE LEGAL NAME, ADDRESS & PHONE (Individual, Corporation, Partnership, LLC)	BUSINE	ss name, addr i By Tho	RESS, & PHONE:		
MANAGER'S NAME, ADDRESS & PHONE Supannel Jame July MN 55803 ILICENSE PERIOD: Ending 8/31/ License transferred from (provide documentation from existing licensee approving transfer): Transfier Loy bra hong Inc 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. MAILING ADDRESS:		- - <u>-</u> 7	28-48	22	- -	
2322 Lochaire Ave Duluh, MN 5883 2r (and) Cahel LICENSE PERIOD: Ending 8/31/ License transferred from (provide documentation from existing licensee approving transfer): Transfer Lay Brahony Inc 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. MAILING ADDRESS:	MANAGER'S NAME, ADDRESS & PHONE	NAME &	ADDRESS OF P	ROPERTY OWNER:		
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MINNESOTA AND THEIR AMENDMENTS. Signature of Applicant MAILING ADDRESS:	/ I HEREBY STATE THAT ALL INFORMATION H	(/ ERE IS TRUE AND	CORRECT AND	THAT I SHALL COMPLY	, .	
MAILING ADDRESS:		S OF THE CITY OF	2 (Salas	2	· -	
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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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1. Name of Applicant (individual, partnership or corporation	or association) that owns the business to be
licensed: Red Bamboo LLC	
2. Trade Name: That Sy That	<u> </u>
3. Address of place to be licensed: //// W. 18/5	+ Dulyb, MN 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.	c) ground
5. Name and address of owner of building: TSGLLC	0
Any connection with applicant? Vo Who receives t	he rent: TSG 11C
6. Who will direct the operation of the business or serve as man Supannee Stamm or handy Capel owners	ager on the premises? List name, address & title: 2322 Lochoure Ave July MN 55%
7 If partnership, give name of each partner and percent of own	ership, and if limited partnership, give details:
8. If corporation, list all stockholders, directors, officers and per Supanne Samm 49% Randy Cabel 51	a first
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	
pledged, by anyone, and to whom, for the purchase or operation	n of this business. State the amounts in
detail: NONO	
Failure to answer all questions truthfully on this application part thereof, will be just cause for revocation of your li	
I (we) hereby certify that the applicant will be the sole owner and the license and I (we) will notify the City Council in writing of a the change is made, for the approval of the Alcohol Gambling & have read the foregoing questions, and answers to said questions with all the provisions of the Alcoholic Beverage Code and the l	any change in ownership in this business before to Tobacco Commission and City Council. I (we) are true of my knowledge. I (we) will comply
Signature: FOXO Colo	Date: 9-17-2018
Signature	Date: