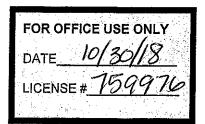


CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall 1 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500 Fax (218) 730-5923



LIQUOR LICENSE APPLICATION

LICENSE		FEE	
OFF SALE INTOXICATING LIQUOR		\$1500.00	
OFF SALE INTOXICATING LIQUOR - CONDITIONAL		\$1400.00	
LEVEL 4 INVESTIGATION FEE (One time)		\$ 209.00	
LICENSEE BUSINESS NAME & BUSINESS ADDRESS (Corp/individual/partnership)	TRADE NAME: 510	KKe's Liquor Store	
DM Stokke Inc			
5631 E. Superior St.	BUSINESS PHONE:	218-348-4529	
holuth, mo! 55804	*		
MANAGER'S NAME & ADDRESS & PHONE	OWNER OF BUSINESS P S.M. Stokke		
Shaine Stokke	3710 Midway Rd		
10701 Becks Rd.	Hemantown, m	V.55810	
Duluth, MW 55808	LICENSE PERIOD:9/1/	<u>] 8-</u> 8/31/ 17	
LIST CORPORATE OFFICERS OR PARTNERS (TITL			
Monica Regina Storke Presi			
Dennis William Stokke Vice f	robust 50%		
I HEREBY STATE THAT ALL INFORMATION HERE WITH ALL PROVISION OF THE ORDINANCES OF TH MINNESOTA AND THEIR AMENDMENTS.	IS TRUE AND CORRECT A HE CITY OF DULUTH AND Signature of Applicant	ND THAT I SHALL COMPLY LAWS OF THE STATE OF	
Mailing Address:	2.Success at Whiteaus		
D.M. Stokke Inc			
3710 Midway Rd			
Hermantown, MW. 55810			



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: D.M. Stokke Inc	
2. Trade Name: Stokke's Lywer Store	
3. Address of place to be licensed: 5631 E. Superior St. Duluth mn 53804.	
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor.	
5. Name and address of owner of building: DM Stokke Inc 3710 midway Rd Hernanteson, MSS	310
Any connection with applicant? Same Who receives the rent:	
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:	
Shaine Stokke 10701 Becks Rd Duluth Mr. 55808 manager	
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: Monica Regina Stokke President 50%	
Dennis William Stokke vice President 50%	
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: 198N-C	
·	
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: 10/30/18	
Signatura	