

Investigation fee (one time)
On Sale Intoxicating Liquor

MINNESOTA AND THEIR AMENDMENTS.

On Sale Sunday

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

330 City Hall 411 West First Street Duluth, Minnesota 55802-1189, 9 2019 Phone (218) 730-5500 MAR

Fax (218) 730-5923

License applied for:

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FOR	OFFI	CF	USE	ONI	Y
	VI I I				

DATE	
LICENSE #	
Old License New License	_ Type 11 Type 11-5

Indicate below

209.00

n/a

Individual Fees

\$ 209.00

4317.00

178.00

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARTING: 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

1,130.00	n/a
571.00	n/a
262.00	n/a
N/C (State fee)	
358.00	358.00
TOTAL:	\$ 567.00
ADDRESS, & PHO	<u></u>
Lebeur Lebeur NN 55807	
9/1/ - 8/31/	
200	lasimn-com

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

Signature of Applicant



CITY OF DULUTH

CITY CLERK'S OFFICE

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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: HAWABI INC-
2. Trade Name: HANAB (
3. Address of place to be licensed: 110 H 1st Ame W Dyoth MA 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor
5. Name and address of owner of building: Michelle Labor 114 N IST AVE W Dulyth
Any connection with applicant? landlord Who receives the rent: URBAN STUDIOS.
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Wang chen 110 N 1st Ame W Duloth MN 55802
7 If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
Wang then 5% share of ownership, Miaohe zhang 5% share of ownership
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
n/a
n/a
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
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: NA
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.
part thereof, win be just cause for revocation of your needse.
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: 117 19
Signature: Date: 123/19