TYPE OF LICENSE (Check all that apply)

	<u>License Type</u>	Fee (including investigation fee)		License Type	<u>Fee</u>
П	Off-Sale Intoxicating	\$ 0.00		Brewery Off-Sale	\$ 0.00
	On-Sale Intoxicating	\$ 0.00		Brewery Taproom On-Sale	\$ 0.00
	Sunday Liquor	\$ 0.00		Microdistillery Off-Sale	\$ 0.00
	Wine (Includes Sunday)	\$ 0.00		Microdistillery Cocktail Room	\$ 0.00
	3.2% Malt Liquor: On-Sale	\$ 0.00		Consumption and Display	\$ 0.00
	3.2% Malt Liquor: Off-Sale	\$ 0.00	V	Liquor License Transfer Only	\$ 567.00
	Special Club Liquor	Calculated by Clerk's Office		On Sale Theater	\$ 0.00
	Dancing	\$ 0.00		2:00 A.M. (Issued by State)	Calculated by State
	Additional Bar (each)	\$ 0.00		After Hours Entertainment	\$ 0.00
			No. of Children	TOTAL DUE:	\$ 567.00

BUSINES INFORMATION								
Name of applicant (nar	me of individual, pa	rtners	ship, corp	oration or associa	tion):			
Super One Liquor, L	LC							
Applicant Address: 50	65 Miller Trunk	Highv	way					
			ate: Minnesota			Zip:	55811	
Applicant Phone: 218-729-5882			Applican	cant Email Address: sara.kirsch@miners-inc.c			ic.com	
Business Name/dba:	Super One Liqu	or #8	11		***			
Business Address:	208 N. Central	Avenue City Duluth				MN	Zip 55807	
Business Phone:	218-628-2169							
Minnesota Tax ID Num	ber: 8860762	Federal Tax ID Number:			per: 20-8936044			
List, if corporation, all s limited partnership, the						of sh	ares owned. If	partnership or
James Anthony Min	er, Jr Chief Ma	anage	er - 20%	voting commo	n sto	ck / 1	4.92 nonvoti	ng common stocl
Theresa Ann Lorent	z - Treasurer - 2	20% v	oting co	ommon stock /	14.42	% no	nvoting com	mon stock
State approximate dist	ance of this establi	shmer	nt from ne	earest academy, co	ollege,	unive	rsity, church, o	r school:
0.8 miles from Dulut	th Business Univ	ersit	y; 1.5 m	iles from Asbur	y Uni	ted C	hurch	
Who will direct the ope	eration of the busin	ess or	serve as	a manager on the	premi	ses?		
Full Name: Jace Le	ee Romano			Phone Number:	218	-628	-2169	

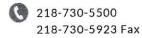
BUILDING O	WNER INFORMATION			
	Miner's Incorporated	Phone	Number: 21	8-729-5882
Address:	5065 Miller Trunk Highway, Hermantov	vn, MN 55811		
Where the	building is owned by someone other than the a	pplicant, state in su	mmary the con	ditions of the
lease arrang	ement, such as term of lease, monthly rental, r	enewal privileges, e	tc.	
Super One	Liquor, LLC is a wholly owned subsidia	ary of Miner's Inco	orporated.	
DESCRIPTIO	N OF PROPOSED BUSINESS:			
What is the	seating capacity of the restaurant?			
Indoor Seat	ing: N/A	Outdoor Seating:	N/A	
Designated	Serving Areas (i.e. ground floor, second floor, o	deck, etc.) Ground	Floor - off-sa	ale retail liquor store
	of prepared food occur at this site?	- Har December 15-1	☐ Yes 🔽	No
If yes, pleas	e attach license from MN Department of Hea	lth.		
List date you	desire to start serving liquor: July 1, 2020)		-7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	9.			
NOTF: The	icense period for a 3.2% non-intoxicating mal	t liquor license is M	av 1 to April 30). The license period for off
	ating liquor, on sale intoxicating liquor, and w			The needs period for on
			n	
	nswer all questions truthfully on this applica t thereof, will be just cause for revocation of y		Personal Supp	iemental Affidavit Which is
_				
	by certify that the applicant will be the sole of the will notify the City Council in writing or			
	ne approval of the Alcohol, Gambling, & Toba			
	and answers to said questions are true to			
	of the Alcoholic Beverage Code and the laws			
	ing of false information in this application, re			
	rtinent information constitutes cause for the		ition of any ar	nd all licenses and/or permits
issuea nere	under and may be grounds for prosecution fo	r perjury.		
Signature:	Merisa & Lounty		Date:	05.01.2020
Signature:	James H Wener &		Date:	5/1/20
	1			//

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.



City Clerk's Office

Room 318 411 West First Street Duluth, Minnesota 55802-1189



APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

Name of applicant (individual, partnership, corporation or assoc.)	Super One Liquor, LLC	2, Trade N	ame (DBA)	Super	One Liquor #811
3. Address of Licensed Premises	208 N. Central Avenue	Avenue			
4. Business Phone	218-628-2169	5. Individual's Cell Phone			
6. Your Name (First, Middle, Last)	James Anthony Miner, Jr.	7. Place of Birth (City & State, or City & Country if outside U.S.)		Foutside U.S.)	Grand Rapids, MN
8. Date of Birth (MM/DD/YYYY)	09/04/1954	9. Email sara.kirsch@m			niners-inc.com
10. Home Address	725 Mellwood Avenue, Dulu	ıth, MN 5	5804		
11. Social Security Number (SSN)	al Security Number (SSN)			Number	

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	То
Same as above					

□Voc*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
☐Yes*	in year, not an other names of animous etc. date, as well as the dates are received animous energy of the same of
☑ No	

Yes*

*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:

Chief Manager - 20% voting common stock / 14.92 nonvoting common stock

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

✓ Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
□No	Miner's Inc. is licensed to sell 3.2% malt liquor at 20 Miner's owned and operated grocery stores in MN.

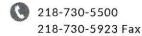
Buper One Liquor in Cloquet, MN, Duluth, MN, Hibbing, MN, Baxter, MN, Canosia Township, MN, Grand Rapids, M Last updated 10/15/2019 Virginia, MN and County Market Liquor in International Falls, MN are wholly owned subsidiaries of Miner's Incorporated.

			% stock, ever been denied a license to sell intoxicating coxicating liquor, beer, wine, or 3.2% malt liquor
suspended o		or ridd a neerise to sen int	societing ilquor, beer, write, or 3.270 maic ilquor
✓ Yes*	*If Yes, why?		
□No	Super One Foods #5	71 - Sale to minor on	08/08/2016. One day suspension 10/10/2016.
	ossession of stolen proper	ty, assault, or the sale, of	ating any law relating to gambling, prostitution, public distribution, manufacture, or transportation of alcoholic ne maximum possible penalty of the violation, and whether or not the record
	r read and do you understa e sale and distribution of a		gulations of the State of Minnesota and the City of Duluth
information abou information. How The information Council.	t yourself that will be used to check o ever, should you refuse to provide th you provide will be used by the Dulu	criminal history, arrest records, wa his information, our investigation o uth Police Department, City Clerk'	ADVISORY As part of this application, you are asked to provide private and/or confidential rrant information, and other relevant records. You may refuse to provide this cannot be completed and will result in your application not being processed. It is office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City re two years from the date you signed it.
Individual N	liner	James, Jr.	Anthony
Also known a	Last Name	First Name	Middle Name Date of Birth: 09/04/1954
I HAVE READ Signature	and understand the A mer A. Miner, Jr a	BOVE DATA PRACTICES A	ADVISORY. 5/1/20
		VERIFICAT	TON
of this information be unable to purished a Sociand released to	ation is voluntary. You are not process this application. Discl al Security number) is require	legally required to provide losure of your Social Securi ed by Minnesota Statutes 27 er of Revenue. After submitt	of Duluth to assess your qualifications for licensure. Disclosure this data, however if you fail to do so, the City of Duluth may ty number (or Individual Tax ID Number only for individuals 70C.72 and your Social Security number may be requested by ing this application, all information except your Social Security pter 13.
	e) James Anthony Min		, have read and understand the above information
this application	on, regardless of when it is	ernment data. I further un discovered, and/or failun	nderstand that the giving of false information as part of re to give required pertinent information can constitute /permits and may be grounds for prosecution of perjury.
	A SIGNATURE I	S REQUIRED IN ORDER T	O PROCESS THIS APPLICATION
Signature of a	applicant completing affida	vit James A. Miner,	A Murel Tate 5/1/20 JrChief Manager 1 1-1/20
Printed name	of witness Sara Kirsch		Witness Signature WWW WW



City Clerk's Office

Room 318 411 West First Street Duluth, Minnesota 55802-1189



APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Name of applicant (individual, partnership, corporation or assoc.)	SIDALIDALIA			Super	One Liquor #811
3. Address of Licensed Premises	208 N. Central Avenue				
4. Business Phone	iness Phone 218-628-2169			e	
6. Your Name (First, Middle, Last)	Theresa Ann Lorentz	7. Place of Birth (City & State, or City & Country if outside U.S.)			Grand Rapids, MN
8. Date of Birth (MM/DD/YYYY)	06/02/1961	9. Email	7		niners-inc.com
10. Home Address	7071 Rice Lake Road, Duli	uth, MN 55	5803		
11. Social Security Number (SSN)	12. Driver's & Issuing S	License or II tate	D Number		

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
Same as above			***************************************		
		_			

14 Have	VOIL ever	heen	known	hy any	other name	than the	one listed	on this ar	onlication?
---------	-----------	------	-------	--------	------------	----------	------------	------------	-------------

✓ Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
□No	Theresa Ann Miner

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

✓ Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
□No	Treasurer - 20% voting common stock / 14.42% nonvoting common stock

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

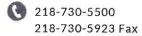
Yes*	Tif yes, state the location of the establishments involved and fully describe the nature and extent of the interest:	
□No	Miner's Inc. is licensed to sell 3.2% malt liquor at 20 Miner's owned and operated grocery stores in MN.	
T agt vædete	ne liquor in Cloquet, MN, Duluth, MN, Hibbing, MN, Baxter, MN, Canosia Township, MN, Grand Rap d 10/08/2019 Virginia, MN and County Market Liquor in International Falls, MN are who Subsidiaries of Miner's Incorporated.	ids, MN,

iluuoi, beel.			stock, ever been denied a license to sell intoxicating
suspended o		, or had a license to sell into	xicating liquor, beer, wine, or 3.2% malt liquor
✓Yes*	*If Yes, why?		
□No		571 - Sale to minor on 0	8/08/2016. One day suspension 10/10/2016.
		~	
19. Have yo	u ever forfeited bail on o	or been convicted of violat	ing any law relating to gambling, prostitution, public tribution, manufacture, or transportation of alcoholic
beverages?	or ottoler prope	or try, assurant, or the suite, and	tribution, mandracture, or transportation of alcoholic
□Yes* ☑No	*If Yes, state the violation(s), the of the conviction has been expun		naximum possible penalty of the violation, and whether or not the record
20. Have you	r read and do you underst	and the laws, rules, and regu	lations of the State of Minnesota and the City of Duluth
	ne sale and distribution of		and the dity of Building
✓ Yes			
☐ No			
information abou information. How	t yourself that will be used to check rever, should you refuse to provide	k criminal history, arrest records, warra this information, our investigation car	VISORY part of this application, you are asked to provide private and/or confidential nt information, and other relevant records. You may refuse to provide this not be completed and will result in your application not being processed. office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City
Council.			
This AUTHO	RIZATION FOR RELEASE O	F INFORMATION will expire	two years from the date you signed it.
т	orono Ann Loront-		
Individual 11	neresa Ann Lorentz	<u> </u>	EMPANY PART MAN
Also known	Last Name	First Name	Middle Name Date of Birth: 06/02/1961
Also known a	15		Date of Birth: 00/02/1901
			_ = = = = = = = = = = = = = = = = = = =
I HAVE READ	AND UNDERSTAND THE	ABOVE DATA PRACTICES AD	
I HAVE READ Signature	AND UNDERSTAND THE	ABOVE DATA PRACTICES AD	
Signature	AND UNDERSTAND THE AND WALLES A. LOVENTZ,	ABOVE DATA PRACTICES AD Ent Treadurer	
Signature	AND UNDERSTAND THE AND UNDERSTAND THE AND THE	5 4	Date: April 28, 2020
		VERIFICATION	Date: April 28, 2020
The date whic	h you furnish on this applicat	VERIFICATION will be used by the City of I	Date: April 28, 2020 ON Ouluth to assess your qualifications for licensure. Disclosure
The date whic	h you furnish on this applicat ation is voluntary. You are no	VERIFICATION TO SEE THE SEE TH	Date: April 20, 2020 ON Ouluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may
The date whic of this informa be unable to	h you furnish on this applicat ation is voluntary. You are no process this application. Disc	VERIFICATION tion will be used by the City of lot legally required to provide the closure of your Social Security	Date: April 23, 2020 ON Ouluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals
The date whic of this informa be unable to without a Soci and released to	h you furnish on this applicated in the second section is voluntary. You are not process this application. Distance al Security number) is required the Minnesota Commission	VERIFICATION TO THE PROPERTY OF LICENSE AND ADMINISTRATION OF THE PROPERTY OF	Date: April 20, 2020 ON Ouluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by 3 this application, all information except your Social Security
The date whic of this informa be unable to without a Soci and released to	h you furnish on this applicated in the second section is voluntary. You are not process this application. Distance al Security number) is required the Minnesota Commission	VERIFICATION TO SET THE PROPERTY OF LICENSE AND ASSESSED TO SET THE PROPERTY OF THE PROPERTY O	Date: April 20, 2020 ON Ouluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by 3 this application, all information except your Social Security
The date whic of this informa be unable to without a Soci and released to number will be	h you furnish on this applicated tion is voluntary. You are no process this application. Distal Security number) is required the Minnesota Commission pursuan	VERIFICATION TO THE PROPERTY OF LICENSE AND ASSESSED TO THE PROPERTY OF THE PR	Date: April 23, 2020 Duluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by g this application, all information except your Social Security er 13.
The date whic of this informa be unable to without a Soci and released to number will be I, (print nam	h you furnish on this applicated tion is voluntary. You are no process this application. Distal Security number) is required the Minnesota Commission apublic information pursuantely. Theresa Ann Lorentz	VERIFICATION TO THE PROPERTY OF LICENSE AND ADDRESS OF THE PROPERTY OF THE PRO	Date: April 26, 2020 DN Duluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by 3 this application, all information except your Social Security er 13.
The date which of this information be unable to without a Sociand released to number will be a social for the control of the c	h you furnish on this applicate ation is voluntary. You are no process this application. Discal Security number) is required the Minnesota Commission pursuant of the Minnesota Commission pursuant of Theresa Ann Lorentz or rights as a subject of government.	VERIFICATION TO STATE OF LICENSE AND A CONTROL	Date: April 23, 2020 DN Duluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by 3 this application, all information except your Social Security er 13. The have read and understand the above information erstand that the giving of false information as part of
The date which of this information in the date without a Sociand released to number will be a social, (print naming my this application of the date which is application of the date which is application of the date with the date with the date which is application of the date which is applicated by the date which is a proper which is applicated by the date which is applicated b	h you furnish on this applicated tion is voluntary. You are not process this application. District all Security number) is required the Minnesota Commission application pursuant of the Minnesota Commission application pursuant of the Minnesota Ann Lorentz or rights as a subject of govern, regardless of when it is	VERIFICATION tion will be used by the City of lot legally required to provide the closure of your Social Security ared by Minnesota Statutes 270 per of Revenue. After submitting at to Minnesota Statutes, Chapter of Minnesota Statutes, Chapter of Minnesota Statutes are comment data. I further und is discovered, and/or failure	Date: April 26, 2020 DN Duluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by 3 this application, all information except your Social Security er 13.
The date which of this information in the date without a Sociand released to number will be a social, (print naming my this application of the date which is application of the date which is application of the date with the date with the date which is application of the date which is applicated by the date which is a proper which is applicated by the date which is applicated b	h you furnish on this applicate ation is voluntary. You are not process this application. Discussion of the Minnesota Commission of the Minnesota Ann Lorentz or rights as a subject of govern, regardless of when it is it is a suspension, or revocated	VERIFICATION TO THE PROPERTY OF A STATE OF THE PROPERTY OF THE	Date: April 23, 2020 DN Duluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by g this application, all information except your Social Security er 13. Thave read and understand the above information erstand that the giving of false information as part of to give required pertinent information can constitute ermits and may be grounds for prosecution of perjury. PROCESS THIS APPLICATION
The date which of this information in the unable to without a Sociand released to number will be a social for the cause for denied and regarding my this application cause for denied and the cause	h you furnish on this applicate ation is voluntary. You are not process this application. Discussion of the Minnesota Commission of the Minnesota Ann Lorentz or rights as a subject of govern, regardless of when it is it is a suspension, or revocated	VERIFICATION TO THE PROPERTY OF A STATE OF THE PROPERTY OF THE	Date: April 23, 2020 DN Duluth to assess your qualifications for licensure. Disclosure is data, however if you fail to do so, the City of Duluth may number (or Individual Tax ID Number only for individuals C.72 and your Social Security number may be requested by a this application, all information except your Social Security er 13. Thave read and understand the above information erstand that the giving of false information as part of to give required pertinent information can constitute ermits and may be grounds for prosecution of perjury.



City Clerk's Office

Room 318 411 West First Street Duluth, Minnesota 55802-1189



APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT - LIQUOR LICENSE

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Name of applicant (individual, partnership, corporation or assoc.)	Super One Liquor, LLC	2. Trade Name (DBA)	Super	One Liquor #811
2 4 1 1	208 N. Central Avenue			
4. Business Phone	218-628-2169	5. Individual's Cell Phot	ne	
6. Your Name (First, Middle, Last)	Jace Lee Romano	7. Place of Birth (City & State, or City & Country	if outside U.S.)	Duluth, MN
8. Date of Birth (MM/DD/YYYY)	09/26/1992	0.53		miners-inc.com
10. Home Address	2544 Morris Thomas Road	d, Duluth, MN 558	11	-
11. Social Security Number (SSN)		12. Driver's License or I & Issuing State	D Number	

13. List your residences for the past ten (10) years - Attach additional sheets if necessary - Se a attachad

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Street Address	City	State	Zip	From	To
1701 Kenwood Avenue	Duluth	MN	55811	2016	2017
1819 E. 7th Street	Duluth	MN	55805	2014	2016

	ner name than the one listed on this application	by any	known	been	vou ever	.4. Have
--	--	--------	-------	------	----------	----------

☐Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:	
₽No		

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

	and percent of ownership interest.	
☐Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:	7 3 S
✓No		

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

☐ Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
☑No	

suspended o	· · · · · · · · · · · · · · · · · · ·						
□Yes*	*If Yes, why?						
□No			THE THE PERSON NAMED IN TH				
nuisances, p beverages?	ossession of stole	n property, as	n convicted of vio	distribution,	manufacture	, or transportat	ion of alcoho
□Yes* ☑No	of the conviction has a		location of the violation,	the maximum poss	ible penalty of the	violation, and wheth	er or not the recor
EINO	Committee of the control of the cont	* 1 - 1					
20 Have you	or read and do you	understand the	e laws, rules, and re	aulations of t	ha Stata of N	linearate and th	a City of Duly
	ne sale and distribi			guiations of t	He State of IV	mmesota and tr	ie City of Duit
✓ Yes	ic sure and also to	ation of dicono	ine perchapes:				
☐ No							
**************************************			DATA PRIVACY	ADVISORY			
information abou information. How The information	t yourself that will be us ever, should you refuse	ed to check criminal to provide this info	I the following information history, arrest records, w rmation, our investigation ce Department, City Cleri	arrant information cannot be comple	, and other relevi	ant records. You may It in your application	refuse to provide not being process
Council. This AUTHO	DIZATION EOD DEI	EASE OF INCO	DMATION will ove	les turs veste	from the do	ta wan riamad it	
IIIIS AUTHU	RIZATION FOR REI	LEASE OF INFO	RMATION will exp	ire two years	from the da	te you signed it	•
Individual J	ace Lee Romano						
	Last Name		First Name		Middle N	ame	
Also known	Last Name		First Name	Date of	Middle N Birth: 09/26/		
Also known	Last Name as						
Also known	Last Name as	ND THE ABOVE	First Name	ADVISORY.	Birth: <u>09/26/</u>	1992	
Also known	Last Name	20.05	E DATA PRACTICES	ADVISORY.		1992	
Also known	Last Name as	20.05	E DATA PRACTICES	ADVISORY.	Birth: <u>09/26/</u>	1992	
Also known	Last Name	20.05	E DATA PRACTICES	ADVISORY. Date:	Birth: <u>09/26/</u>	1992	
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