

**TYPE OF LICENSE**  
(Check all that apply)

	<u>License Type</u>	<u>Fee</u> <small>(including investigation fee)</small>		<u>License Type</u>	<u>Fee</u>
<input type="checkbox"/>	Off-Sale Intoxicating	\$1709.00	<input type="checkbox"/>	Brewery Off-Sale	\$250.00
<input checked="" type="checkbox"/>	On-Sale Intoxicating	\$4526.00	<input type="checkbox"/>	Brewery Taproom On-Sale	\$300.00
<input checked="" type="checkbox"/>	Sunday Liquor	\$178.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$250.00
<input type="checkbox"/>	Wine (Includes Sunday)	\$1101.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$300.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$518.00	<input type="checkbox"/>	Consumption and Display	\$331.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$185.00	<input type="checkbox"/>	Liquor License Transfer Only	\$567.00
<input type="checkbox"/>	Special Club Liquor	Ask Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$353.00
<input type="checkbox"/>	Dancing	\$1130.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	N/C from City
<input type="checkbox"/>	Additional Bar (each)	\$571.00	<input type="checkbox"/>	After Hours Entertainment	\$262.00
<b>TOTAL DUE:</b>					

**BUSINESS INFORMATION**

Name of applicant (name of individual, partnership, corporation or association):

Lester River Brewing Company LLC (Lake Superior Brewing Co)

Applicant Address: 5324 Superior St

City: Duluth

State: MN

Zip: 55802

Applicant Phone: [REDACTED]

Applicant Email Address: [REDACTED]

Business Name/dba:

Business Address: 5324 City Duluth MN Zip 55804

Business Phone:

List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:

Sarah Maxim 50%

Seth Maxim 50%

State approximate distance of this establishment from nearest academy, college, university, church, or school:

387 ft (Request to waive the 400ft rule)

Who will direct the operation of the business or serve as a manager on the premises?

Full Name: Sarah Maxim

Phone Number: [REDACTED]

**BUILDING OWNER INFORMATION**Full Name: Seth and Sarah Maxim

Phone Number: [REDACTED]

Address: [REDACTED]

Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.

**DESCRIPTION OF PROPOSED BUSINESS:**

What is the seating capacity of the restaurant?

148

Indoor Seating:

112

Outdoor Seating:

36

Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)

Ground floor & patio

Will serving of prepared food occur at this site?

☒ Yes ☐ No*If yes, please attach license from MN Department of Health.*Not yet applied for

List date you desire to start serving liquor:

5-2021

**NOTE:** The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine is September 1 – August 31.

Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" 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 changes 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 to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.

Signature: Seth MaximDate: 10-27-20Signature: Sarah MaximDate: 10-27-20

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



218-730-5500  
218-730-5923 Fax

**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.)		2. Trade Name (DBA)	
Sarah Maxim		Lake Superior Brewing Co	
3. Address of Licensed Premises			
5324 E Superior St Duluth MN 55804			
4. Business Phone		5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)		7. Place of Birth (City & State, or City & Country if outside U.S.)	
Sarah E Maxim		Duluth MN	
8. Date of Birth (MM/DD/YYYY)		9. Email	
10. Home Address			
11. Social Security Number (SSN)			

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

Street Address	City	State	Zip	From	To

**14. Have you ever been known by any other name than the one listed on this application?**

<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> No	Sarah Warner 2005 - 20013   Sarah Heikkila 1985 - 2005 Duluth, MI Duluth, MN   Brule, WI

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

<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> No	50% A

**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?**

<input type="checkbox"/> Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
<input checked="" type="checkbox"/> No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

<input type="checkbox"/> Yes*	*If Yes, why?
<input checked="" type="checkbox"/> No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

<input type="checkbox"/> Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
<input checked="" type="checkbox"/> No	

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☒ Yes  
☐ No

### DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual Maxim Sarah Elizabeth  
Last Name First Name Middle Name  
Also known as Warner & Heikkila Date of Birth [REDACTED]

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature [Signature] Date: 10-26-20

### VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Sarah Maxim, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit [Signature] Date 10-26-20

Printed name of witness Seth Maxim Witness Signature [Signature]



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1. Name of applicant (individual, partnership, corporation or assoc.)	Lester River Brewing Co	2. Trade Name (DBA)	Lake Superior Brewing Company
3. Address of Licensed Premises	5324 E Superior St		
4. Business Phone		5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)	Seth David Maxson	7. Place of Birth (City & State, or City & Country if outside U.S.)	Duluth, MN
8. Date of Birth (MM/DD/YYYY)		9. Email	
10. Home Address			
11. Social Security Number (SSN)			

14. Have you ever been known by any other name than the one listed on this application?

<input type="checkbox"/> 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:
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<input checked="" type="checkbox"/> No	

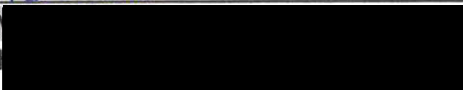
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☒ Yes  
☐ No

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Individual Maxim Seth David  
Last Name First Name  
Also known as \_\_\_\_\_ Date of Birth 

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature [Signature] Date: 10/28/20

#### VERIFICATION

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Signature of applicant completing affidavit [Signature] Date 10/26/20

Printed name of witness Sarah Maxim Witness Signature [Signature]