



City of Duluth – City Clerk's Office
411 W First Street – City Hall 330
Duluth, MN 55802-1189
Phone: (218) 730-5500
Fax: (218) 730-5923

For Office Use Only

Date: _____

License No. _____

LICENSE APPLICATION

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.

LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$298.00

LICENSEE BUSINESS NAME & ADDRESS:

Blacklist Brewing Co.

120 E. Superior St.

Duluth, MN 55802

TRADE NAME OR NAME OF EVENT:

ENDI Apartments

BUSINESS PHONE NO: (218) 213-6567

MANAGER'S NAME & ADDRESS:

Dee Nelson

120 E. Superior St.

Duluth, MN 55802

OWNER OF BUSINESS PREMISES: _____

Sara Swartz

EVENT LICENSE DATE (S): _____

06/19/2021

Rain Date? Yes ☐ No ☒

If Yes, List Date: _____

Contact State Health Department at 723-4642 For Application for Beer and/or Food.

Security Personnel Questions? Call 730-5421

Will Dancing Be Allowed? Yes ☐ No ☒

If Yes, Contact City Clerk's Office For Dancing License Application

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.

SIGNATURE OF APPLICANT

MAILING ADDRESS

120 E. Superior St.

Duluth, MN 55802

EMAIL: dee@blacklistbeer.com



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Blacklist Brewing Co.
2. Trade Name: _____
3. Address of place to be licensed: 2120 London Rd, Duluth, MN 55812
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Parking Lot
5. Name and address of owner of building: Sara Swartz
ENDI Apartments
2120 London Rd, Duluth, MN 55812
- Any connection with applicant? _____ Who receives the rent? _____
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Sara Swartz
P/T Leasing Agent
7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

9. State approximate distance of this establishment from the 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.

Failure to answer all questions truthfully on this application and Affidavit "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 and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations of their amendments.

Signature: 

Date: 05/20/2021

Signature: _____

Date: _____