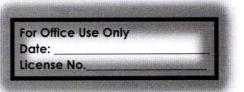


City of Duluth – City Clerk's Office 411 W First Street – City Hall 330 Duluth, MN 55802-1189

Phone: (218) 730-5500 Fax: (218) 730-5923



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 — 1ST DAY/EVENIN	NG =	\$298.00	
PLUS \$148.00 EACH ADDITIONAL DAY =		\$	
TOTAL =		\$ <u>298.00</u>	
Blacklist Brewing Co. 120 E. Superior St.	TRADE NAME OR NAME OF EVENT: ENDI Apartments BUSINESS PHONE NO: (218) 213-6567		
Duluth, MN 55802			
MANAGER'S NAME & ADDRESS: Dee Nelson	OWNER OF BUSINESS PREMISES:		
120 E. Superior St.	EVENT I	LICENSE DATE (S):	
		/2021	
Rain Date? Yes No		Yes, List Date:	
Contact State Health Department at 723-4642 Security Personnel Questions? Call 730-5421	For Application for	or Beer and/or Food.	
Will Dancing Be Allowed? Yes No	If Yes, Con	tact City Clerk's Office For Dancing License Application	
I HEREBY STATE THAT ALL INFORMATION FOR THE ORDINANCES OF THE CITY OF DULUTH AND		CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS ATE OF MINNESOTA AND THEIR AMENDMENTS.	
MAILING ADDRESS		SIGNATURE OF APPLICANT	
120 E. Superior St.			
Duluth, MN 55802			
EMAIL: dee@blacklistbeer.com			



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

	Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed: lacklist Brewing Co.			
2.	Trade Name:			
3.	Address of place to be licensed: 2120 London Rd, Duluth, MN 55812			
	. Designated Serving Areas (i.e. round floor, second, deck, etc.) Parking Lot			
<u> </u>	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.	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			
ea —	ch:			
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,			
	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.			
will Alc are	re) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the ohol, Gambling and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations their amendments.			
Siç	gnature:			
Sig	gnature: Date:			