



Cortnee Defoe, Administrative Information Specialist

218-730-5404 | [cdefoe@duluthmn.gov](mailto:cdefoe@duluthmn.gov)

411 West First Street, Room 318 | Duluth, Minnesota 55802

[www.duluthmn.gov](http://www.duluthmn.gov)

## Annual Liquor License Application

### Liquor License Checklist

*Finish the following checklist PRIOR to turning your application in.*



- ☒ **Fully Completed License Application.** incomplete applications will not be processed.
- ☒ **A Check for the License Fee (Fees are listed on page 2)** written out to The City of Duluth.
- ☒ **Photo Copy of Government Issued Driver's License/Identification Card**
- ☒ **Purchase Agreement:** If a transfer, a copy of the signed Purchase Agreement is required before a resolution will be filed with City Council.
- ☒ **Health Department:** Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
- ☒ **Fire Department:** Approval and Certificate of Occupancy must be obtained by the Fire Department. Any issues of fire code violations must be taken care of before license can be issued. (218-730-4398)
- ☐ **Personal Supplemental Affidavits** must be completed by, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, and the person who will be directing the operation of the business on the licensed premises. **Three are attached.**
- ☒ **MN Dept. Of Public Safety Alcohol & Gambling Enforcement Certification form.** Reach out to The City of Duluth's Clerk's Office for this form as it is different for every license type.
- ☒ **MN DPS Alcohol & Gambling Enforcement Buyer's Card Application**
- ☒ **Buyer's Card Fee:** A separate \$20 check made payable to 'AGED'.
- ☒ **Corporate documentation:** including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
- ☒ **Certificate of Workers Compensation Insurance (attached)**
- ☒ **MN Statute 270C.72 Tax Identification Form (attached)**
- ☒ **Certificate of Liquor Liability Insurance:** A "Certificate of Insurance" (COI) is required. Coverage must run concurrent with the license period of September 1 through September 1 or state "Continuous Until Cancelled" – or – Dram Shop Insurance exemption (for On-Sale and Off-Sale 3.2 malt liquor licenses). If the proof of insurance is not a "Certificate of Insurance" (COI), it will not be accepted as proof. Refer to example on page 4.

Checklist is continued on the next page.

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

|                                     | <u>License Type</u>        | <u>Fee</u>                   |                                     | <u>License Type</u>           | <u>Fee</u>          |
|-------------------------------------|----------------------------|------------------------------|-------------------------------------|-------------------------------|---------------------|
| <input type="checkbox"/>            | Off-Sale Intoxicating      | \$ 0.00                      | <input type="checkbox"/>            | Brewery Off-Sale              | \$ 0.00             |
| <input type="checkbox"/>            | On-Sale Intoxicating       | \$ 0.00                      | <input type="checkbox"/>            | Brewery Taproom On-Sale       | \$ 0.00             |
| <input type="checkbox"/>            | Sunday Liquor              | \$ 0.00                      | <input type="checkbox"/>            | Microdistillery Off-Sale      | \$ 0.00             |
| <input checked="" type="checkbox"/> | Wine (Includes Sunday)     | \$ 0.00                      | <input checked="" type="checkbox"/> | Microdistillery Cocktail Room | \$ 0.00             |
| <input checked="" type="checkbox"/> | 3.2% Malt Liquor: On-Sale  | \$ 0.00                      | <input checked="" type="checkbox"/> | Consumption and Display       | \$ 0.00             |
| <input type="checkbox"/>            | 3.2% Malt Liquor: Off-Sale | \$ 0.00                      | <input type="checkbox"/>            | Liquor License Transfer Only  | \$ 0.00             |
| <input type="checkbox"/>            | Special Club Liquor        | Calculated by Clerk's Office | <input type="checkbox"/>            | On Sale Theater               | \$ 0.00             |
| <input type="checkbox"/>            | Dancing                    | \$ 0.00                      | <input type="checkbox"/>            | 2:00 A.M. (Issued by State)   | Calculated by State |
| <input type="checkbox"/>            | Additional Bar (each)      | \$ 0.00                      | <input type="checkbox"/>            | After Hours Entertainment     | \$ 0.00             |
| <b>TOTAL DUE:</b>                   |                            |                              |                                     |                               | <b>\$ 0.00</b>      |

|                                                                                                                                                                                                     |                                                           |                   |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|------------------|
| <b>BUSINESS INFORMATION</b>                                                                                                                                                                         |                                                           |                   |                  |
| Name of applicant (name of individual, partnership, corporation or association): <b>JEROME FISCHER</b>                                                                                              |                                                           |                   |                  |
| <b>THE BACK ALLEY LLC, DBA THE BACK ALLEY SURF &amp; COFFEE</b>                                                                                                                                     |                                                           |                   |                  |
| Applicant Address: <b>2409 W SUPERIOR ST.</b>                                                                                                                                                       |                                                           |                   |                  |
| City: <b>DULUTH</b>                                                                                                                                                                                 | State: <b>MN</b>                                          | Zip: <b>55806</b> |                  |
| Applicant Phone: <b>715-410-9941</b>                                                                                                                                                                | Applicant Email Address: <b>BACKALLEYDULUTH@GMAIL.COM</b> |                   |                  |
| Business Name/dba: <b>THE BACK ALLEY LLC</b>                                                                                                                                                        |                                                           |                   |                  |
| Business Address: <b>2409 W SUPERIOR ST.</b>                                                                                                                                                        | City <b>DULUTH</b>                                        | MN                | Zip <b>55806</b> |
| Business Phone: <b>715-410-9941</b>                                                                                                                                                                 |                                                           |                   |                  |
| Minnesota Tax ID Number:                                                                                                                                                                            | Federal Tax ID Number:                                    |                   |                  |
| 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: |                                                           |                   |                  |
| State approximate distance of this establishment from nearest academy, college, university, church, or school:                                                                                      |                                                           |                   |                  |
| Who will direct the operation of the business or serve as a manager on the premises?                                                                                                                |                                                           |                   |                  |
| Full Name: <b>JEROME FISCHER</b>                                                                                                                                                                    | Phone Number: <b>715-410-9941</b>                         |                   |                  |

## Personal Supplemental Affidavit

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.

**Type or print legibly and provide all information requested.**

**Failure to do so may result in delay or rejection of license applications.**

| 1. Background Information                                                                                                  |                              |                                                       |                                                                    |                                   |                                   |  |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|-----------------------------------|--|
| Legal Corporate Name of Establishment<br><b>THE BACK ALLEY, LLC</b>                                                        |                              |                                                       | Trade Name of Business (DBA)<br><b>THE BACK ALLEY LLC</b>          |                                   |                                   |  |
| Street Address of Licensed Premises<br><b>2409 W SUPERIOR ST.</b>                                                          |                              |                                                       | City<br><b>DULUTH</b>                                              | State<br><b>MN</b>                | Zip Code<br><b>55806</b>          |  |
| Your Name (First, Middle, Last)<br><b>JEROME TIMOTHY FISCHER</b>                                                           |                              |                                                       | Place of Birth (City, State)<br><del>4/20</del> <b>REDWING, MN</b> |                                   | Date of Birth<br><b>4/20/1989</b> |  |
| Residential Street Address<br><b>725 PACIFIC AVE</b>                                                                       |                              |                                                       | City<br><b>DULUTH</b>                                              | State<br><b>MN</b>                | Zip Code<br><b>55806</b>          |  |
| Social Security Number (SSN)<br><div style="background-color: black; width: 150px; height: 1.2em; margin-top: 5px;"></div> |                              |                                                       | First, middle, or last names you have ever used or been known by   |                                   |                                   |  |
| Driver's License or ID Number & Issuing State                                                                              |                              |                                                       | Title/Position<br><b>OWNER/OPERATOR</b>                            |                                   |                                   |  |
| Email Address<br><b>BACKALLEYDULUTH@GMAIL.COM</b>                                                                          |                              |                                                       | Cell Phone<br><b>715-410-9941</b>                                  |                                   | Business Phone<br>" "             |  |
| List your residences for the past ten (10) years. Attach additional sheets if necessary.                                   |                              |                                                       |                                                                    |                                   |                                   |  |
| Street Address                                                                                                             | City                         | State                                                 | Zip                                                                | From                              | To                                |  |
| <b>725 PACIFIC AVE</b>                                                                                                     | <b>DULUTH</b>                | <b>MN</b>                                             | <b>55806</b>                                                       | <b>2020</b>                       | <b>2026</b>                       |  |
| <b>2104 E 1<sup>ST</sup> ST.</b>                                                                                           | <b>DULUTH</b>                | <b>MN</b>                                             | <b>55802</b>                                                       | <b>2019</b>                       | <b>2020</b>                       |  |
| <b>3910 W 6<sup>TH</sup> ST.</b>                                                                                           | <b>DULUTH</b>                | <b>MN</b>                                             | <b>55807</b>                                                       | <b>2017</b>                       | <b>2020</b>                       |  |
|                                                                                                                            |                              |                                                       |                                                                    |                                   |                                   |  |
|                                                                                                                            |                              |                                                       |                                                                    |                                   |                                   |  |
|                                                                                                                            |                              |                                                       |                                                                    |                                   |                                   |  |
| List name of employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if necessary.     |                              |                                                       |                                                                    |                                   |                                   |  |
| Employer and Occupation                                                                                                    | Street Address and City      | State                                                 | Zip                                                                | From                              | To                                |  |
| <b>THE BACK ALLEY / OWNER / SHOP OPERATOR / KEEPER</b>                                                                     | <b>DULUTH, <del>MA</del></b> | <b>MN</b>                                             | <b>55806</b>                                                       | <b>2019</b>                       | <b>2026</b>                       |  |
| <del>DOVETAIL CAFE</del> <b>DOVETAIL CAFE / BARISTA / EVENT PLANNER / BEER TENDER</b>                                      | <b>DULUTH</b>                | <b>MN</b>                                             | <b>55808</b>                                                       | <b>2018</b>                       | <b>2020</b>                       |  |
| <b>WILDSTATE CIDER / BUILDER / BARTENDER</b>                                                                               | <b>DULUTH</b>                | <b>MN</b>                                             | <b>55806</b>                                                       | <b>2018</b>                       | <b>2020</b>                       |  |
| <b>KNUTSON CUSTOM CONSTRUCTION / LABORER / CEMENTER</b>                                                                    | <b>DULUTH</b>                | <b>MN</b>                                             |                                                                    | <b>2019</b>                       | <b>2021</b>                       |  |
| <b>THE HOUSE BOARD SHOP / BUYER / SALE</b>                                                                                 | <b>ROSEMOUNT, ST. PAUL</b>   | <b>MN</b>                                             |                                                                    | <b>2015</b>                       | <b>2017</b>                       |  |
| 2. Spouse's Information                                                                                                    |                              |                                                       |                                                                    |                                   |                                   |  |
| Spouse's Name<br><b>RIAH B FISCHER</b>                                                                                     |                              | Place of Birth (City, State)<br><b>MOOSELAKES, MN</b> |                                                                    | Date of Birth<br><b>05/9/1990</b> |                                   |  |
| First, middle, or last names your spouse has ever used or been known by:                                                   |                              |                                                       |                                                                    |                                   |                                   |  |
| Spouse's Residential Street Address<br><b>725 PACIFIC AVE</b>                                                              |                              | City<br><b>DULUTH</b>                                 |                                                                    | State<br><b>MN</b>                | Zip Code<br><b>55806</b>          |  |



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## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

*Please supply the following information and return along with your application to the agency issuing the license.*

License applied for or renewed: WINE & BEER (3.2% MALT LIQUOR ON SALE)

Licensing authority: City of Duluth, Saint Louis County, Minnesota

License renewal date: \_\_\_\_\_

### Personal Information (if applicable)

Applicants Name: JEROME FISCHER

Applicant's Address: 725 PACIFIC AVE DULUTH MN 55806

Social Security Number: [REDACTED]

### Business Information (if applicable)

Business Name: THE BACK ALLEN LLC

Business Address: 2409 W SUPERIOR ST. DULUTH, MN 55806

MN Tax Identification Number: [REDACTED]

Federal Tax Identification Number: [REDACTED]

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4/24/26

### 3. License History

Have you ever been employed by a restaurant, bar, or other business or a similar nature? ☐ Yes ☐ No If yes, Name Address City State Zip From To

Have you or your spouse held a City of Duluth Business License? ☐ Yes ☐ No If yes, Type of License From To

Have you or your spouse ever had a liquor, wine, or beer license: NO  
Revoked or suspended? ☐ Yes ☒ No New or renewal license denied? ☐ Yes ☐ No (By any government entity?) If yes, explain.

Do you have a business or financial interest in a liquor manufacturing, brewery, wholesaler or off sale retail license? ☐ Yes ☒ No  
If yes, please indicate name and address:

Have you or your spouse ever been convicted of any ordinance violation, liquor law violation, petty misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties. This includes state, local, and federal offenses. Do not include parking violations. ☐ Yes ☒ No If yes, Offense Fine/Penalty City State Date

Do you or your spouse have any delinquent personal or business taxes? NO Yes No  
Date filed: Address: County: State:

Representative of the City of Duluth will make inquiry of person or firms named in this application. Are those individuals or firms authorized to release information to such representative? ☒ Yes ☐ No

### 4. Data Privacy Advisory

The Minnesota Data Practices 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 driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the City of Duluth Clerk's Office, Duluth Police Department, Life Safety/Duluth Fire Department, The Duluth Alcohol-Gambling and Tobacco Committee, the Duluth City Council, and the general public.

**This Authorization for Release of Information will expire two years from the date you sign it.**

Individual JEROME FISCHER FISCHER JEROME TIMOTHY  
Last Name, First Name, Middle Name

Also Known As: Date of Birth: 04/20/1989

☒ I have read and understand the above Data Practices Advisor  
By typing your name, you are electronically signing this application

Signature [Signature] Date 4/24/26

### 5. Verification

The data 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 Minnesota Tax ID Number, Social Security Number, or Individual Tax ID 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 issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

**A signature is required.**

☒ I have read and agree to the Terms and Conditions for electronic signatures, records and payment

I, (print name) JEROME FISCHER, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant [Signature] Title Owner Date 4/24/26



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## Certificate of Compliance Minnesota Workers' Compensation Law

### This form must be completed by the business license applicant

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

|                                               |                           |                            |
|-----------------------------------------------|---------------------------|----------------------------|
| License or certificate number (if applicable) | Business telephone number | Alternate telephone number |
|-----------------------------------------------|---------------------------|----------------------------|

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name/names, for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

|                                                                   |               |       |          |
|-------------------------------------------------------------------|---------------|-------|----------|
| Business address (must be physical street address, no P.O. boxes) | City          | State | ZIP Code |
| County                                                            | Email Address |       |          |

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

|               |                |                 |
|---------------|----------------|-----------------|
| Policy number | Effective date | Expiration date |
|---------------|----------------|-----------------|

☐ I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. ☒ I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

☒ I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

|                                |       |         |
|--------------------------------|-------|---------|
| Applicant signature (required) | Title | Date    |
|                                | OWNER | 4/24/26 |

## Liquor License Checklist

*Finish the following checklist PRIOR to your meeting with the Duluth Alcohol, Gambling, and Tobacco Commission and City Council approval.*

- ☒ **Sales Tax application filed with the City of Duluth Finance Office:** They are located on the first floor of City Hall (218-730-5350). If this is a transfer, the taxes must be paid in full (from previous owner) before license can be issued.
- ☐ **Wine and Off Sale Liquor:** Call the State at 651-296-9519 for inspection of the site.
- ☒ **Property Taxes:** Must be paid up to date, prior years and current.

*Business owners are **required** to attend a meeting of the Duluth Alcohol, Gambling, and Tobacco Commission, which meets on the first Wednesday of every month. **Applications and fees must be filed in the City Clerk's Office one week in advance in order to be placed on the next meeting agenda.***

*The Duluth Alcohol, Gambling, and Tobacco Commission will make a recommendation to the city council for approval. If the council approves the application, it will be sent to the Alcohol, Gambling, and Tobacco Division (AGED) of the Minnesota Department of Public Safety. Upon approval, AGED will issue your buyer's card.*

POST  
CONSPICUOUSLY

MINNESOTA DEPARTMENT of HEALTH  
625 Robert Street North, P.O. Box 64975  
Environmental Health Division  
St. Paul, Minnesota 55164-0975  
(651) 201-4500

NOT TRANSFERABLE  
AS TO PERSON  
OR PLACE

Fee Paid: \$540.00

LICENSE NO. FBL-40102-57724 FOR THE OPERATION OF:

431

License Categories: Base Fee - FBL, Category 1 Establishment, Hospitality Fee, Technology  
Fee

LICENSE PERIOD: January 1, 2026 THRU December 31, 2026

ISSUED TO:

Jerome Fischer  
725 Pacific Ave  
Duluth, Minnesota 55806

ESTABLISHMENT NAME:

The Back Alley  
2409 West Superior St  
Duluth, Minnesota 55806

License Type(s): Restaurant

County: St. Louis



**Fire Department  
Life Safety Division**

615 West First Street • Duluth, Minnesota 55802-1194  
218-730-4380 • Fax 218-730-5902  
lifesafety@duluthmn.gov • www.duluthmn.gov



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**OPERATIONAL PERMIT**

**Date Issued: 6/26/2025**

LICENSE #: **FPOP2015-6322**  
OCCUPANCY NAME: **THE BACK ALLEY**  
OCCUPANCY ADDRESS: **11 N 24TH AVE W**  
**DULUTH, MN 55806**  
OCCUPANCY CLASS: **B: Office, Professional**  
PROPERTY OWNER: **JEROME FISCHER**  
**725 PACIFIC AVE**  
**DULUTH, MN 55806**

DATE PERMIT EXPIRES: 12/1/2026

**CONDITIONS:**

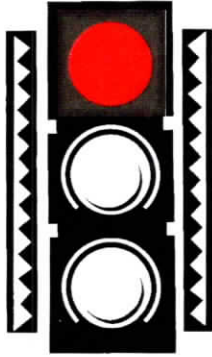
**Permit Requirements:**

1. Each operational permit shall be displayed in a conspicuous location accessible to the public.
2. Each permit shall state the name and address of the owner of the business or the managing agent occupying the building.
3. No permit shall be transferred to another use or building.
4. All permits shall be issued by the code official.
5. Change in ownership or occupancy of a building requires written notice to the code official. A new permit shall then be issued once the appropriate forms and/or fees have been submitted.
6. All occupancies requiring operational permits shall be made available for inspection by the code official at any reasonable time.

THE BACK ALLEY  
11 N 24TH AVE W  
DULUTH, MN 55806

Fire Prevention / Life Safety Division Fire Marshal

# WARNING



This establishment is *prohibited by law* from selling or serving alcohol beverages to:

- Anyone under 21 years of age.
  - Anyone obviously intoxicated.
- 

Maximum criminal penalties for:



- Driving under the influence  
*\$3,000 and/or 1 year in jail*
  - Vehicular homicide while  
under the influence  
*\$20,000 and/or 10 years  
imprisonment*
- 



Drinking during pregnancy  
can cause alcohol-related  
birth defects.

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This information provided by:

- Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division
- Minnesota Department of Health