

**City Clerk's Office**  
 Room 318  
 411 West First Street  
 Duluth, Minnesota 55802-1189

218-730-5500  
 218-730-5923 Fax

## APPLICATION

### LIQUOR LICENSE APPLICATION CHECKLIST

Applicants 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 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.

<b>TO BE TURNED IN WITH INITIAL APPLICATION</b>	
<input type="checkbox"/>	<b>Fully Completed License Application:</b> Incomplete applications will not be accepted.
<input type="checkbox"/>	<b>License Fee:</b> Refer to page 2. Check should be written to the City of Duluth.
<input type="checkbox"/>	<b>Personal Supplemental Affidavit (multiple):</b> To be completed by each individual licensee, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, <b>and</b> the person who will be directing the operation of the business on the licensed premises. Three are attached.
<input type="checkbox"/>	<b>MN DPS Alcohol &amp; Gambling Enforcement Certification form:</b> See Clerk's Office for correct form.
<input type="checkbox"/>	<b>MN DPS Alcohol &amp; Gambling Enforcement Buyer's Card Application (attached)</b>
<input type="checkbox"/>	<b>Buyer's Card Fee:</b> \$20 check made payable to AGED
<b>TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL</b>	
<input type="checkbox"/>	<b>Certificate of Liquor Liability Insurance:</b> 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). Refer to example on page 4.
<input type="checkbox"/>	<b>Corporate documentation:</b> including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
<input type="checkbox"/>	<b>Certificate of Workers Compensation Insurance (attached)</b>
<input type="checkbox"/>	<b>MN Statute 270C.72 Tax Identification Form (attached)</b>
<b>TO BE DONE PRIOR TO FINAL APPROVAL</b>	
<input type="checkbox"/>	<b>Sales Tax application filed with the City of Duluth Finance Office:</b> 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.
<input type="checkbox"/>	<b>Health Department:</b> Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
<input type="checkbox"/>	<b>Fire Department :</b> 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)
<input type="checkbox"/>	<b>Wine and Off Sale Liquor:</b> Call the State at 651-296-9519 for inspection of the site.
<input type="checkbox"/>	<b>Property Taxes:</b> Must be paid up to date, prior years and current.
<input type="checkbox"/>	<b>Purchase Agreement:</b> If a transfer, a copy of the signed Purchase Agreement is required before a resolution will be filed with City Council.

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

<input type="checkbox"/>	<u>License Type</u>	<u>Fee</u> <small>(not including investigation fee)</small>	<input type="checkbox"/>	<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 type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<input 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):					
Cave Enterprises Operations F, LLC					
Applicant Address: 1624 W. 18 <sup>th</sup> Street					
City:	Chicago	State:	IL	Zip:	60608
Applicant Phone:	(608) 615-2482	Applicant Email Address:	adrienne@caveenterprises.com		
Business Name/dba:	Circle K				
Business Address:	210 S. 27 <sup>th</sup> Ave West City Duluth MN Zip 55806				
Business Phone:	(218) 212-6609				
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:					
Adam Velarde - 100%					
State approximate distance of this establishment from nearest academy, college, university, church, or school:					
3min to daycare, 5min to middle school (driving)					
Who will direct the operation of the business or serve as a manager on the premises?					
Full Name:	NOT SURE YET-			Phone Number:	

opening in May

BUILDING OWNER INFORMATION	
Full Name:	JHGV, LLC
Address:	1624 W. 18th Street
Phone Number:	(608) 615-2482
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.	
<b>DESCRIPTION OF PROPOSED BUSINESS:</b>	
What is the seating capacity of the restaurant?	N/A convenient store
Indoor Seating:	Outdoor Seating:
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)	
Will serving of prepared food occur at this site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>If yes, please attach license from MN Department of Health.</i>	
List date you desire to start serving liquor:	5/1/26
<b>NOTE: The license period for all liquor licenses is September 1 – August 31.</b>	
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:	Date: 1/29/2026
Signature:	Date:

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

218-730-5500  
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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.)	Cave Enterprises Operations <sup>F, LLC</sup>		2. Trade Name (DBA)	Circle K
3. Address of Licensed Premises	210 S. 2 <sup>nd</sup> Ave West Duluth, MN 55806			
4. Business Phone	(218) 212-6609	5. Individual's Cell Phone	(608) 615-2482	
6. Your Name (First, Middle, Last)	Adam, J, Velarde		7. Place of Birth (City & State, or City & Country if outside U.S.)	Chicago, IL
8. Date of Birth (MM/DD/YYYY)	9/27/1973	9. Email	adrienne@caveenterprises.com	
10. Home Address	1801 N. Winchester Ave Chicago, IL 60622			
11. Social Security Number (SSN)	[REDACTED]		12. Driver's License or ID Number & Issuing State	[REDACTED]

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

Street Address	City	State	Zip	From	To
1801 N. Winchester Ave	Chicago	IL	60622	10 years	

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

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:

Yes\* *100%*

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

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?

Yes\*  No \*If Yes, why?

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?

Yes\*  No \*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:

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 Velarde Adam Joseph  
Last Name First Name Middle Name

Also known as \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Signature [Signature] Date: 1/29/2026

**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) Adam Velarde, 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 1/29/2026

Printed name of witness Adrienne Agliata Witness Signature Adrienne Agliata

# Certificate of Compliance

## Minnesota Workers' Compensation Law

**This form must be completed by the business license applicant.**

**Print in ink or type**

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) N/A	Business telephone number (608) 615-2482	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(s), for example John Doe, or John Doe and Jane Doe.) Cave Enterprises Operations F, LLC		
DBA ("doing business as" or "also known as" an assumed name), if applicable Circle K		
Business address (must be physical street address, no P.O. boxes) 2105. 27th Ave West	City Duluth	State MN
County St. Louis	ZIP code 55806	
Email address adnenne@CaveEnterprises.com		

**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 policy name (not the insurance agent) 	Effective date 6/30/25	Expiration date 6/30/24
<input type="checkbox"/> I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <a href="http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance">www.mn.gov/commerce/industries/insurance/licensing/self-insurance</a> .)		

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 Adam Velarde	Title CEO	Date 1/29/2026
Applicant signature (required) 		

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

## 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: Applied

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: N/A

### Personal Information (if applicable)

Applicants Name: Adam Velarde

Applicant's Address: 1624 W. 18<sup>th</sup> Street Chicago IL 60608

Social Security Number: [REDACTED]

### Business Information (if applicable)

Business Name: Cave Enterprises Operations F, LLC

Business Address: 1624 W. 18<sup>th</sup> Street Chicago IL 60608

MN Tax Identification Number: [REDACTED]

Federal Tax Identification Number: [REDACTED]

Signature [Signature] Date 1/29/2026



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 1600  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER  
  
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Issuing Authority	Type Code	Buyer's Card Expires	Identification #
Print Name of Licensee (As shown on license)	Business Name (DBA)		
Cave Enterprises Operations F, LLC	Circle K		
Business Address	County	Business Phone	
210 S. 27th Ave West	St. Louis	(218) 212-6609	
City, State, Zip Code	Authorized Signature		
Duluth, MN 55806			



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2026

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> Marsh & McLennan Agency LLC 20 North Martingale Road Suite 100 Schaumburg, IL 60173	<b>PHONE (A/C, No., Ext):</b> (847) 463-7277	<b>COMPANY NAME AND ADDRESS</b> Travelers Indemnity Company 1 Tower Sq Hartford, CT 06183	<b>NAIC NO:</b> 25658
<b>FAX (A/C, No):</b> (847) 440-9130	<b>E-MAIL ADDRESS:</b> Sockha.Chau@MarshMMA.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
<b>CODE:</b> <b>AGENCY CUSTOMER ID #:</b>	<b>SUB CODE:</b>	<b>POLICY TYPE</b>	
<b>NAMED INSURED AND ADDRESS</b> Cave Enterprises Operations LLC Cave Enterprises Operations F LLC 1624 W 18th St Chicago IL 60608	<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> KTKCMBB596473325	
<b>ADDITIONAL NAMED INSURED(S)</b>	<b>EFFECTIVE DATE</b> 06/30/2025	<b>EXPIRATION DATE</b> 05/01/2026	CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>			

## PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

**LOCATION / DESCRIPTION**  
SEE REMARKS


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ SEE REMARKS			DED: 100,000	
	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X				If YES, LIMIT: SEE REMARKS Actual Loss Sustained; # of months:
BLANKET COVERAGE	X				If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	X				Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST	X				
AGREED VALUE		X			
COINSURANCE		X			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X				If YES, LIMIT: Included DED: 100,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X				If YES, LIMIT: Included DED: 100,000
- Demolition Costs	X				If YES, LIMIT: 2,500,000 DED: 100,000
- Incr. Cost of Construction	X				If YES, LIMIT: 2,500,000 DED: 100,000
EARTH MOVEMENT (If Applicable)	X				If YES, LIMIT: 5,000,000 DED: 100,000
FLOOD (If Applicable)	X				If YES, LIMIT: 5,000,000 DED: 100,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	X				If YES, LIMIT: Included DED: 1% or 100,000
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		X			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			X		

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>
<b>NAME AND ADDRESS</b>  Proof of Insurance		<b>AUTHORIZED REPRESENTATIVE</b>  

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

<b>AGENCY</b> Marsh & McLennan Agency LLC		<b>NAMED INSURED</b> Cave Enterprises Operations LLC 1624 W 18th St Chicago IL 60608	
<b>POLICY NUMBER</b> KTKCMBB596473325		<b>EFFECTIVE DATE:</b> 06/30/2025	
<b>CARRIER</b> Travelers Indemnity Company	<b>NAIC CODE</b> 25658		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

**REMARKS:**

RE: 210 S 27th Ave W, Duluth, MN 55806  
C-Store/Gas Station

\*\*\* Commercial Property Location Specific Coverages \*\*\*

Amount of Insurance: \$1,366,500  
Subject of Insurance: Building  
Valuation: Replacement Cost  
Deductible: \$100,000

Amount of Insurance: \$200,000  
Subject of Insurance: Business Personal Property  
Valuation: Replacement Cost  
Deductible: \$100,000

Amount of Insurance: \$87,577  
Subject of Insurance: BI  
Valuation: Actual Loss Sustained  
Deductible: 72 Hours



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	<b>CONTACT NAME:</b> Sockha Chau <b>PHONE (A/C, No, Ext):</b> (847) 463-7277 <b>E-MAIL ADDRESS:</b> Sockha.Chau@MarshMMA.com	<b>FAX (A/C, No):</b> (847) 440-9125	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Cave Enterprises Operations LLC Cave Enterprises Operations F LLC 1624 W 18th St Chicago IL 60608	<b>INSURER A:</b> NATIONAL UNION FIRE INSURANCE		<b>NAIC #</b> 19445
	<b>INSURER B:</b> EVEREST NATIONAL INSURANCE COM		10120
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

CAVEENT-01

**COVERAGES**      **CERTIFICATE NUMBER:** 1856020762      **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		4387373	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		XC8EX00912251	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	97087392	6/30/2025	6/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 210 S 27th Ave W, Duluth, MN 55806  
 Convenience Store/Gas station

Proof of Insurance Only with respects to operations of the Named Insured.

<b>CERTIFICATE HOLDER</b>  Proof of Insurance	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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