RECEIVED
JUN 15 2026

TYPE OF LICENSE
(Check all that apply)

	License Type	Fee		License Type	Fee
☐	Off-Sale Intoxicating	$ 0.00 1800	☒	Brewery Off-Sale	$ 0.00
☐	On-Sale Intoxicating	$ 0.00	☐	Brewery Taproom On-Sale	$ 0.00
☐	Sunday Liquor	$ 0.00 191	☒	Microdistillery Off-Sale	$ 0.00
☐	Wine (Includes Sunday)	$ 0.00	☐	Microdistillery Cocktail Room	$ 0.00
☐	3.2% Malt Liquor: On-Sale	$ 0.00	☐	Consumption and Display	$ 0.00
☐	3.2% Malt Liquor: Off-Sale	$ 0.00	☒	Liquor License Transfer Only	$ 0.00 438
☐	Special Club Liquor	Calculated by Clerk's Office	☐	On Sale Theater	$ 0.00
☐	Dancing	$ 0.00	☐	2:00 A.M. (Issued by State)	Calculated by State
☐	Additional Bar (each)	$ 0.00	☐	After Hours Entertainment	$ 0.00
				TOTAL DUE:	$ 0.00 $2429

BUSINESS INFORMATION

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

SHB Liquor Inc.

Applicant Address: 1115 E US Highway 169

City: Grand Rapids State: MN Zip: 55744

Applicant Phone: 218-326-8594 Applicant Email Address: billing@burggrafsace.com

Business Name/dba: Lakeside Liquors

Business Address: 4507 E Superior St City Duluth MN Zip 55804

Business Phone: 218-464-0168

Minnesota Tax ID Number: [redacted] Federal Tax ID Number: [redacted]

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:

Steven Burggraf: 100%

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

0.5 miles away from St. Michael's Church

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

Full Name: Sean Herman Joseph Burggraf Phone Number: 218-259-6670

BUILDING OWNER INFORMATION

Full Name:	Preston Lakeside Properties LLC Steve Preston	Phone Number:	218-590-0330
Address:	4912 Kingston Street Duluth, MN 55804		

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.

monthly payment= $2323.54, the terms of the lease shall be extended for an additional 60 months commencing on February 1, 2024 and ending January 31, 2029.

DESCRIPTION OF PROPOSED BUSINESS:

What is the seating capacity of the restaurant?			
Indoor Seating:		Outdoor Seating:	
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)			

Will serving of prepared food occur at this site? ☐ Yes ☐ No

If yes, please attach license from MN Department of Health.

List date you desire to start serving liquor:

NOTE: The license period for all liquor licenses 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: Steve Preston	**Date:** 6-10-26
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.

THE CITY OF DULUTH MINNESOTA

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.)	SHB Liquor Inc.	2. Trade Name (DBA)	Lakeside Liquors
3. Address of Licensed Premises	4507 E Superior St		
4. Business Phone	218-464-0168	5. Individual's Cell Phone	701-388-8605
6. Your Name (First, Middle, Last)	Steven Herman Burggraf	7. Place of Birth (City & State, or City & Country if outside U.S.)	Golden Valley, MN
8. Date of Birth (MM/DD/YYYY)	01/28/1969	9. Email	steven@burggrafsace.com
10. Home Address	32521 Lakeview Drive Grand Rapids, MN 55744		
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
32521 Lakeview Drive	Grand Rapids	MN	55744	1999	Present

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*	
☐ No	100%

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*	*If Yes, why?
☑ 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?

☐ 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:
☑ No	

20. Have your 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 Burggraf (Last Name) Steven (First Name) Herman (Middle Name)

Also known as Steven Herman Burggraf Date of Birth: 01/28/1969

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature Steven H Burggraf Date: 6-10-26

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) Steven Herman Burggraf, 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 Steven H Burggraf Date 6-10-26

Printed name of witness Pamela A. Uecker Witness Signature Pamela A. Uecker

THE CITY OF DULUTH MINNESOTA

City Clerk's Office

Room 318
411 West First Street
Duluth, Minnesota 55802-1189

218-730-5500
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APPLICATION

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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.)	SHB Liquor Inc.	2. Trade Name (DBA)	Lakeside Liquors
3. Address of Licensed Premises	4507 E Superior St		
4. Business Phone	218-464-0168	5. Individual's Cell Phone	218-259-6670
6. Your Name (First, Middle, Last)	Sean Herman Joseph Burggraf	7. Place of Birth (City & State, or City & Country if outside U.S.)	Lynwood, CA
8. Date of Birth (MM/DD/YYYY)	02/06/1975	9. Email	sean@burggrafsace.com
10. Home Address	20266 Harbor Heights Road Grand Rapids, MN 55744		
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
20266 Harbor Heights Road	Grand Rapids	MN	55744	2014	Present

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*	*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	

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*	*If Yes, why?
☑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?

☐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:
☑No	

20. Have your 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 Sean Herman Joseph Burggraf
Last Name First Name Middle Name

Also known as Sean Herman - Joseph Burggraf Date of Birth: 02/06/1975

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature Sean HJ Burg Date: 6-10-26

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) Sean Herman Joseph Burggraf, 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 Sean HJ Burg Date 6-10-26

Printed name of witness Pamela A. Uecker Witness Signature Pamela A. Uecker

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License Duluth License Period From: Sept 1st, 2026 To: Aug 31st, 2027

Circle One: New License License Transfer Lakeside Liquors (former licensee name) Suspension Revocation Cancel _____ (Give dates)

License type: (check all that apply) ☐ On Sale Intoxicating ☐ Sunday Liquor ☐ 3.2% On sale ☐ 3.2% Off Sale

Fee(s): On Sale License fee:$_____ Sunday License fee: $_____ 3.2% On Sale fee: $_____ 3.2% Off Sale fee: $_____

Licensee Name: SHB Liquor, Inc. (corporation, partnership, LLC, or Individual) DOB 01/28/1969 Social Security # 474-92-7289

Business Trade Name Lakeside Liquors Business Address 4507 E Superior St City Duluth

Zip Code 55804 County St. Louis Business Phone 218-464-0168 Home Phone 218-326-8594

Home Address 1115 E US Highway 169 City Grand Rapids

Licensee's Federal Tax ID # [redacted] (To apply call IRS 800-829-4933) Licensee's MN Tax ID# [redacted]

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Steven Herman Burggraf		[redacted]	32521 Lakeview Dr Grand Rapids, MN 55744

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

☐ Yes ☐ No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name:_____ Policy #_____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature_____ Date_____
(title)

ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a $20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at https://dps.mn.gov/divisions/age/Pages/default.aspx

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

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

Print Name of Licensee (As shown on license)	Business Name (DBA)
SHB Liquor, Inc.	Lakeside Liquors

Business Address	County	Business Phone
4507 E Superior Street	St. Louis	218-464-0168

City, State, Zip Code	Email
Duluth, MN 55804	billing@burggrafsace.com

Office Use Only

Issuing Authority	Type Code	Buyer's Card Expires	Identification #

TENNESSEN WARNING NOTICE
MINNESOTA DEPARTMENT OF PUBLIC SAFETY
ALCOHOL & GAMBLING ENFORCEMENT DIVISION (AGE)
LICENSE AND PERMIT PROCESS

Background
When a government entity collects private or confidential data from an individual about that individual, the entity is required under Minn. Stat. §13.04, subd. 2 to provide a Tennessen Warning notice. The purpose of the notice is to enable an individual to make an informed decision about whether to give data about themselves to the government entity.

Classification of Data Provided
As provided in Minn. Stat. §13.41, subds. 2 and 5, the name(s) and designated contact address(es) submitted on an application for a license or permit are public data. Until a license is approved, all other information provided on an application are private data and accessible to the applicant but not the public. Upon license approval, all information provided on an application is public data except social security numbers, nondesignated addresses, and data otherwise classified as private data on individuals and protected nonpublic data under Minn. Stat. §13.02, subds. 12 and 15. Public data is available to any person upon written request to AGE. All data collected and stored may also be shared upon court order or with other government entities as authorized by law.

Purpose and Intended Use
The data requested on an application for a license or permit is used to determine if an applicant meets the statutory qualifications and requirements for the license applied for. Data on an application will also be relied upon for contact and communication purposes by AGE.

Requirements to Provide
Applications for a liquor license or permit pursuant to Minn. Stat. Ch. 340A and gambling license or permit pursuant to Minn. Stat. Ch. 299L must be submitted on the form prescribed by the Commissioner of the Minnesota Department of Public Safety so as to collect certain minimum information to determine eligibility. Failure to provide the requested information on an application may result in the delay or denial of license or permit applied for.