

# **AGENDA OF THE REGULAR MEETING OF THE ALCOHOL, GAMBLING & TOBACCO COMMISSION**

September 2, 2015

The regular meeting of the Alcohol, Gambling & Tobacco Commission will be held on Wednesday, Sept 2, 2015, at 4:45 p.m., in the City Council Chambers, 3rd Floor, City Hall.

ROLL CALL: Dennis Birchland, Bjorn Braaten, Bryn Pollard, Jeff Rosenthal,  
Chris Pekkala, Adam Wisocki, President Stauber

***ANYONE WHO HAS BUSINESS BEFORE THIS  
BOARD SHOULD MAKE PLANS TO ATTEND***

## **COMMUNICATIONS:**

### **LAWFUL GAMBLING:**

Regents of the University of MN	raffle exempt – 60 day waiver
March of Dimes Foundation – MN Chapter	raffle exempt – 60 day waiver

### **NEW BUSINESS:**

**KWIK TRIP, INC. (KWIK TRIP #273), 6516 GRAND AVE** – APPLICATION FOR AN OFF SALE 3.2 PERCENT MALT LIQUOR LICENSE FOR THE PERIOD ENDING APRIL 30, 2016.

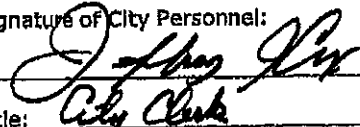
**KWIK TRIP, INC. (KWIK TRIP #274), 6 W. CENTRAL ENTR** – APPLICATION FOR AN OFF SALE 3.2 PERCENT MALT LIQUOR LICENSE FOR THE PERIOD ENDING APRIL 30, 2016.

**TOASTY'S SANDWICH SHOP, LLC (TOASTY'S SANDWICH SHOP), 220 WEST SUPERIOR ST** – APPLICATION FOR AN ON SALE 3.2 PERCENT MALT LIQUOR LICENSE FOR THE PERIOD ENDING APRIL 30, 2016, AND APPLICATION FOR AN ON SALE WINE LICENSE FOR THE PERIOD BEGINNING SEPTEMBER 1, 2015, AND ENDING AUGUST 31, 2016, WITH THOMAS HAGEN, 100% OWNER.



# LG220 Application for Exempt Permit

## LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

<p style="text-align: center;"><b>CITY APPROVAL</b> for a gambling premises located within city limits</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print City Name: <u>Duluth</u></p> <p>Signature of City Personnel: </p> <p>Title: <u>City Clerk</u> Date: <u>8/12/15</u></p>	<p style="text-align: center;"><b>COUNTY APPROVAL</b> for a gambling premises located in a township</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date: _____</p> <p><b>TOWNSHIP (if required by the county)</b> On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>
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**The city or county must sign before submitting application to the Gambling Control Board.**

### CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature:  E. Kaler Date:  8/19/15  
(Signature must be CEO's signature; designee may not sign)

Print Name: Eric W. Kaler

<p><b>REQUIREMENTS</b></p> <p><b>Complete a separate application for:</b></p> <ul style="list-style-type: none"> <li>• all gambling conducted on two or more consecutive days, or</li> <li>• all gambling conducted on one day.</li> </ul> <p>Only one application is required if one or more raffle drawings are conducted on the same day.</p> <p><b>Financial report to be completed within 30 days after the gambling activity is done:</b> A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.</p> <p>Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).</p>	<p><b>MAIL APPLICATION AND ATTACHMENTS</b></p> <p><b>Mail application with:</b></p> <ul style="list-style-type: none"> <li>_____ a copy of your proof of nonprofit status, and</li> <li>_____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is \$100; otherwise the fee is \$150. Make check payable to State of Minnesota.</li> </ul> <p><b>To:</b> Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113</p> <p><b>Questions?</b> Call the Licensing Section of the Gambling Control Board at 651-539-1900.</p>
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**Data privacy notice:** The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the

application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.

MINNESOTA LAWFUL GAMBLING  
**LG220 Application for Exempt Permit**

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

**Application Fee (non-refundable)**  
 Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is \$100; otherwise the fee is \$150.  
 Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

**ORGANIZATION INFORMATION**

Organization Name: March of Dimes Foundation-Minnesota Chapter Previous Gambling Permit Number: X-5525

Minnesota Tax ID Number, if any: ES 23156 Federal Employer ID Number (FEIN), if any: 13-1846366

Mailing Address: 5233 Edina Industrial Blvd.

City: Edina State: MN Zip: 55439 County: Hennepin

Name of Chief Executive Officer (CEO): Nicole Bouma-State Director of Communications

Daytime Phone: 952.835.3033 Email: nbouma@marchofdimes.org

**NONPROFIT STATUS**

Type of Nonprofit Organization (check one):

Fraternal     Religious     Veterans     Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

A current calendar year Certificate of Good Standing  
 Don't have a copy? Obtain this certificate from:  
 MN Secretary of State, Business Services Division    Secretary of State website, phone numbers:  
 60 Empire Drive, Suite 100    [www.sos.state.mn.us](http://www.sos.state.mn.us)  
 St. Paul, MN 55103    651-296-2803, or toll free 1-877-551-6767

IRS income tax exemption (501(c)) letter in your organization's name  
 Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)  
 If your organization falls under a parent organization, attach copies of both of the following:  
 1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and  
 2. the charter or letter from your parent organization recognizing your organization as a subordinate.

**GAMBLING PREMISES INFORMATION**

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Clyde Iron Works

Address (do not use P.O. box): 2920 W. Michigan St.

City or Township: Duluth Zip: 55806 County: Saint Louis County

Date(s) of activity (for raffles, indicate the date of the drawing): October 1st, 2015

Check each type of gambling activity that your organization will conduct:

Bingo\*     Paddiewheels\*     Pull-Tabs\*     Tipboards\*

Raffle (total value of raffle prizes awarded for the calendar year: \$                     )

\* Gambling equipment for bingo paper, paddiewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to [www.mn.gov/gcb](http://www.mn.gov/gcb) and click on **Distributors** under **List of Licensees**, or call 651-539-1900.

# LG220 Application for Exempt Permit

## LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

### CITY APPROVAL for a gambling premises located within city limits

- The application is acknowledged with no waiting period.
- The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).
- The application is denied.

Print City Name: Duluth

Signature of City Personnel: [Signature]

Title: City Clerk Date: 9/1/15

**The city or county must sign before submitting application to the Gambling Control Board.**

### COUNTY APPROVAL for a gambling premises located in a township

- The application is acknowledged with no waiting period.
- The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.
- The application is denied.

Print County Name: \_\_\_\_\_

Signature of County Personnel: \_\_\_\_\_

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

### TOWNSHIP (if required by the county)

On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: \_\_\_\_\_

Signature of Township Officer: \_\_\_\_\_

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

### CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be CEO's signature; designee may not sign)

Print Name: \_\_\_\_\_

### REQUIREMENTS

#### Complete a separate application for:

- all gambling conducted on two or more consecutive days, or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

#### Financial report to be completed within 30 days after the gambling activity is done:

A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

### MAIL APPLICATION AND ATTACHMENTS

#### Mail application with:

- a copy of your proof of nonprofit status, and
- application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is \$100; otherwise the fee is \$150. Make check payable to State of Minnesota.

To: Minnesota Gambling Control Board  
1711 West County Road B, Suite 300 South  
Roseville, MN 55113

#### Questions?

Call the Licensing Section of the Gambling Control Board at 651-539-1900.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the

application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
330 City Hall | 411 West First Street  
Duluth, Minnesota 55802-1189  
Phone (218)730-5500  
Fax (218) 730-5923

FOR OFFICE USE ONLY

DATE 8-25-2015

LICENSE # 759393

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 APPLICATION

### LICENSE

OFF SALE BEER  
INVESTIGATION FEE (one time)

### FEE

\$154.00  
31.00  
TOTAL \$185.00

### LICENSEE NAME/ADDRESS/PHONE (Corporation/individual/partnership)

Kwik Trip, Inc.

1626 Oak St, PO Box 2107

La Crosse, WI 54602-2107

608/793-6262

### BUSINESS NAME/ADDRESS/PHONE:

Kwik Trip #273

6516 Grand Ave.

Duluth, MN 55807

not available yet

### MANAGER'S NAME/ADDRESS/PHONE

Leon I. Christianson

1925 Woodland Ave. #3

Duluth, MN 55803

763/291-1839

### OWNER OF BUSINESS PREMISES:

Kwik Trip, Inc.

1626 Oak St., PO Box 2107

La Crosse, WI 54602-2107

LICENSE PERIOD: Ending 4/30

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

  
Signature of Applicant

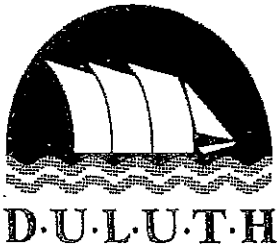
### MAILING ADDRESS:

Kwik Trip, Inc.

PO Box 2107

La Crosse, WI 54602-2107

PLAT/PARCEL #: \_\_\_\_\_ (if known)



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CITY CLERK'S OFFICE  
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Duluth, Minnesota 55802-1189  
Phone (218) 730-5500  
Fax (218) 730-5923

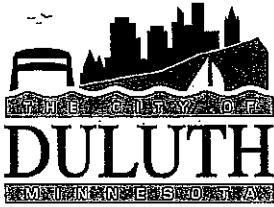
### APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: Kwik Trip, Inc.
2. Trade Name: Kwik Trip #273
3. Address of place to be licensed: 6516 Grand Ave., Duluth, MN 55807
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) NA - Off sale only
5. Name and address of owner of building: Kwik Trip, Inc., PO Box 2107, La Crosse, WI 54602  
Any connection with applicant? Yes Who receives the rent: NA
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Leon Christianson, 1925 Woodland Ave, #3, Duluth, MN 55803, Store Leader
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
NA
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Please see enclosed.
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
Raleigh Edison Charter School, .4 Mi.
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: NA

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

Signature: [Handwritten Signature] Date: 8-21-15  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
 330 City Hall 1 411 West First Street  
 Duluth, Minnesota 55802-1189  
 Phone (218)730-5500  
 Fax (218) 730-5923

**FOR OFFICE USE ONLY**  
 DATE 8-20-2014  
 LICENSE # 159392

**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 APPLICATION**

**LICENSE**

**OFF SALE BEER**  
**INVESTIGATION FEE (one time)**

**FEE**

**\$154.00**  
**31.00**  
**TOTAL \$185.00**

**LICENSEE NAME/ADDRESS/PHONE**  
**(Corporation/individual/partnership)**

Kwik Trip, Inc.

1626 Oak St, PO Box 2107

La Crosse, WI 54602-2107

608/793-6262

**BUSINESS NAME/ADDRESS/PHONE:**

Kwik Trip #274

6 W. Central Entrance

Duluth, MN 55811

Phone not available yet

**MANAGER'S NAME/ADDRESS/PHONE**

Matthew M. Krall

1348 91st Ave W,

Duluth, MN 55808

218/349-1384

**OWNER OF BUSINESS PREMISES:**

Kwik Trip, Inc.

1626 Oak St., PO Box 2107

La Crosse, WI 54602-2107

**LICENSE PERIOD: Ending 4/30**

**I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.**

*Matthew M. Krall*

Signature of Applicant

**MAILING ADDRESS:**

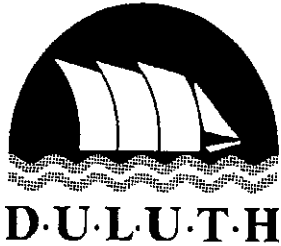
Kwik Trip, Inc.

PO Box 2107

La Crosse, WI 54602-2107

**PLAT/PARCEL #:** \_\_\_\_\_ (If known)





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330 City Hall  
411 West First Street  
Duluth, Minnesota 55802-1189  
Phone (218) 730-5500  
Fax (218) 730-5923

### APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: Kwik Trip, Inc.
2. Trade Name: Kwik Trip #274
3. Address of place to be licensed: 6 W. Central Entrance, Duluth, MN 55811
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) NA - Off sale only
5. Name and address of owner of building: Kwik Trip, Inc., PO Box 2107, La Crosse, WI 54602  
Any connection with applicant? Yes Who receives the rent: NA
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Matthew M. Krall, 1348 91st Ave W, Duluth, MN 55808, Store Leader.
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
NA
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Please see enclosed.
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
0.3 Mi. Lakeview Christian Academy
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: NA

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

Signature: [Signature] Date: 8-11-15  
Signature: [Signature] Date: 8-11-15



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 330 City Hall | 411 West First Street  
 Duluth, Minnesota 55802-1189  
 Phone (218) 730-5500  
 Fax (218) 730-5923

**FOR OFFICE USE ONLY**  
 DATE 8/26/25  
 LICENSE # 7100007

**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.

<b>ON SALE WINE LICENSE</b>	<b>FEE</b>
<b>INITIAL INVESTIGATION (Level 4)</b>	\$ 892.00
	<del>200.00</del>
<b>TOTAL</b>	<b>\$1101.00</b>

**LICENSEE BUSINESS NAME & ADDRESS** (Corporation/Individual/Partnership)      **TRADE NAME:** Toasty's Sandwich Shop LLC  
Thomas Hagen      220 W Superior St.  
~~5220 Tioga St~~      220 W Superior St  
~~Duluth, MN, 55804~~      Duluth, MN  
~~218-340-0739~~      55804

**MANAGER'S NAME/ADDR/PHONE NO.**      **NAME & ADDRESS OF OWNER OF PROPERTY**  
Thomas Hagen      Nick G Patronas  
5220 Tioga St, Duluth, MN, 55804      220 West Superior St, Skywalk  
218-340-0739      Duluth, MN, 55802

**LICENSE PERIOD:** Ending 8/31

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

  
 \_\_\_\_\_  
 Signature of Applicant

**MAILING ADDRESS**  
 \_\_\_\_\_  
1032 E 9 Street  
 \_\_\_\_\_

**Plat/Parcel # (if known):** \_\_\_\_\_



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
 330 City Hall  
 411 West First Street  
 Duluth, Minnesota 55802-1189  
 Phone (218) 730-5500  
 Fax (218) 730-5923

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: Thomas Hagen
2. Trade Name: Toasty's Sandwich Shop
3. Address of place to be licensed: 220 west superior st, Duluth, MN, 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor
5. Name and address of owner of building: Nick G Patronas 220 west Superior St Skywalk.  
 Any connection with applicant? No Who receives the rent: Western bank
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Thomas Hagen 5120 Tigger St, Duluth, MN, 55804
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
 \_\_\_\_\_
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Thomas Hagen 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
1000 ft
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 attached "Exhibit 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 & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature:  Date: 8/26/15  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF DULUTH**  
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 Duluth, Minnesota 55802-1189  
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**FOR OFFICE USE ONLY**  
 DATE 8/26/25  
 LICENSE # 7100007

**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.

<b>ON SALE WINE LICENSE</b>	<b>FEE</b>
<b>INITIAL INVESTIGATION (Level 4)</b>	\$ 892.00
	<del>200.00</del>
<b>TOTAL</b>	<b>\$1101.00</b>

**LICENSEE BUSINESS NAME & ADDRESS** (Corporation/Individual/Partnership)      **TRADE NAME:** Toasty's Sandwich Shop LLC  
Thomas Hagen Toasty's Sandwich Shop LLC      220 W Superior St.  
5220 Tioga St      220 W Superior St  
Duluth, MN, 55804      Duluth, MN  
218-340-0739      55804

**MANAGER'S NAME/ADDR/PHONE NO.**  
Thomas Hagen  
5220 Tioga St, Duluth, MN, 55804  
218-340-0739

**NAME & ADDRESS OF OWNER OF PROPERTY**  
Nick G Patronas  
220 West Superior St, Skywalk  
Duluth, MN, 55802

**LICENSE PERIOD:** Ending 8/31

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

  
 \_\_\_\_\_  
 Signature of Applicant

**MAILING ADDRESS**  
 \_\_\_\_\_  
1032 E 9 Street  
 \_\_\_\_\_

**Plat/Parcel # (if known):** \_\_\_\_\_



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
 330 City Hall | 411 West First Street  
 Duluth, Minnesota 55802-1189  
 Phone (218) 730-5500  
 Fax (218) 730-5923

**FOR OFFICE USE ONLY**  
 DATE 8-26-2015  
 LICENSE # 100011

**LICENSE APPLICATION**

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**LICENSE**

**ON SALE BEER**  
**INVESTIGATION FEE (ONE TIME)**

**FEE**

\$ 476.00  
~~42.00~~  
**TOTAL \$ 518.00**

**LICENSEE NAME/ADDRESS/PHONE**  
 (Individual/corporation/partnership)

Toasty's Sandwich Shop, LLC  
220 west Superior St  
Duluth, MN, 55802  
Phone N/A

**BUSINESS NAME/ADDRESS/PHONE:**

Toasty's Sandwich Shop  
220 west Superior St  
Duluth, MN, 55802  
Phone N/A

**MANAGER'S NAME, ADDRESS, PHONE**

Thomas Hagen (owner)  
5220 Tioga St  
Duluth, MN, 55804

**BUILDING OWNER NAME/ADDRESS/PHONE:**

Nick G Patronas  
220 West Superior St Skywalk  
Duluth, MN, 55802

**LICENSE PERIOD:** Ending April 30

**MISC:** A corresponding Dancing License is an additional - \$980.00

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

[Signature]  
 Signature of Applicant

**MAILING ADDRESS:**

1032 east 9th St  
Duluth, MN  
55805

**PLAT/PARCEL:** \_\_\_\_\_

(If known)



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
 330 City Hall  
 411 West First Street  
 Duluth, Minnesota 55802-1189  
 Phone (218) 730-5500  
 Fax (218) 730-5923

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: Thomas Hagen
2. Trade Name: Toasty's Sandwich Shop
3. Address of place to be licensed: 220 west superior st, Duluth, MN, 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Ground Floor
5. Name and address of owner of building: Nick G Patronas 220 west Superior St Skywalk.  
 Any connection with applicant? No Who receives the rent: Western bank
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Thomas Hagen 5120 Tigea St, Duluth, MN, 55804
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
 \_\_\_\_\_
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Thomas Hagen 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
1000 ft
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 attached "Exhibit 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 & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature:  Date: 8/26/15  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_