

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

April 6, 2016

The regular meeting of the Alcohol, Gambling & Tobacco Commission will be held on Wednesday, April 6, 2016, at 4:45 p.m., in the City Council Chambers, 3rd Floor, City Hall.

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

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

COMMUNICATIONS:

CITY ATTORNEY SUBMITTING NOTICE OF HEARING TO DECIDE WHAT, IF ANY DISCIPLINARY ACTION SHOULD BE TAKEN REGARDING THE ON-SALE INTOXICATING LIQUOR LICENSE FOR HOSPITALITY ASSOCIATES OF DULUTH LLC OPERATING AS ACES ON FIRST, 220 WEST SUPERIOR STREET, DULUTH, MINNESOTA 55802 16-02

LAWFUL GAMBLING:

Northern Lights Foundation raffle exemption - 60 day waiver

NEW BUSINESS:

GRANDMA'S MARATHON - DULUTH, INC, CANAL PARK DRIVE AND BUCHANAN ST - APPLICATION FOR A TEMPORARY ON SALE INTOXICATING LIQUOR LICENSE AND TEMPORARY ON SALE DANCING LICENSE FOR JUNE 17-19, 2016, WITH LINDA HANSON, MANAGER.

SAMMYS PIZZA OF DULUTH INC, (SAMMYS PIZZA AND RESTAURANT - APPLICATION FOR AN ON SALE WINE LICENSE, 103 W 1ST STREET, DULUTH, MINNESOTA 55802. TERRY PERRELLA, MANAGER.

BENT PADDLE BREWING CO. 1912 WEST MICHIGAN STREET - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR MAY 14, 2016.

BIG BOTTLE SHOP OFF SALE LIQUOR TRANSFER – APPLICATION FOR TRANSFER OF STOCK OF THE OFF SALE INTOXICATING LIQUOR FOR THE PERIOD ENDING AUGUST 31, 2016, WITH STOCK TRANSFER FROM BRITTANY MALLOW 100% TO RANDOLPH MALLOW 100%.

RED HERRING, LLC (THE RED HERRING LOUNGE), 208 E 1ST STREET –
APPLICATION FOR TEMPORARY EXPANSION OF THE LICENSED PREMISES OF
THEIR ON SALE INTOXICATING LIQUOR LICENSE FOR SEPTEMBER 3, 2016.

DULUTH SUPERIOR GLBTAQI PRIDE (PO Box 3198, 55802) - APPLICATION FOR
TEMPORARY ON-SALE INTOXICATING LIQUOR LICENSE FOR “SPRING GAYLA” APRIL
30TH, 2016, TO BE HELD AT MINNESOTA BALLET 301 W. FIRST STREET, SUITE #800,
DULUTH, MN 55802 WITH ALEXANDRE CAMPANINI-PAPE AND NATHAN WESTERBERG,
CO-MANAGERS.

GANNUCCI’S ITALIAN MARKET & RESTAURANT LLC, 301 CENTRAL AVENUE -
APPLICATION TO TRANSFER ON SALE WINE LIQUOR LICENSE FOR THE PERIOD
ENDING AUGUST 31, 2016, WITH WILLIAM KALLIGHER AND JOSHUA KALLIGHER, CO-
MANAGERS. CHANGING TO AN LLC.

**RENEWAL OF THE OFF SALE 3.2 PERCENT MALT LIQUOR LICENESE APPLICATIONS
FOR THE PERIOD BEGINNING MAY 1, 2016 AND ENDING APRIL 30, 2017.**

**RENEWAL OF THE ON SALE 3.2 PERCENT MALT LIQUOR LICENSE RENEWALS FOR
THE PERIOD BEGINNING MAY 1, 2016 AND ENDING April 30, 2017**

HEARING TO DECIDE WHAT, IF ANY, DISCIPLINARY ACTION SHOULD BE TAKEN
REGARDING THE ON SALE INTOXICATING LIQUOR LICENSE OF HOSPITALITY
ASSOCIATES OF DULUTH, LLC d/b/a ACES ON FIRST, 220 WEST SUPERIOR
STREET, DULUTH, MINNESOTA 55802

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: Northern Lights Foundation Previous Gambling Permit Number: X-36600-14-007
 Minnesota Tax ID Number, if any: 3536544 Federal Employer ID Number (FEIN), if any: 38-3732809
 Mailing Address: Po Box 16689
 City: Duluth State: MN Zip: 55816 County: St. Louis
 Name of Chief Executive Officer (CEO): Dr. Ken Larson
 Daytime Phone: 218-740-3045 Email: KLarson@northernlights

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
 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): Greysolon Ballroom
 Address (do not use P.O. box): 231 E superior St
 City or Township: Duluth Zip: 55802 County: St. Louis
 Date(s) of activity (for raffles, indicate the date of the drawing): May 6, 2016

Check each type of gambling activity that your organization will conduct:
 Bingo* Paddlewheels* Pull-Tabs* Tipboards*
 Raffle (total value of raffle prizes awarded for the calendar year: \$ 5,000)

* **Gambling equipment** for bingo paper, paddlewheels, 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 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, MN

Signature of City Personnel: [Signature]

Title: Asst City Clerk Date: 2-26-16

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: [Signature] Date: 1/29/2016
(Signature must be CEO's signature; designee may not sign)

Print Name: Dr. Ken Larson

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:** 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 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.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 15 2007**

NORTHERN LIGHTS FOUNDATION
C/O KENNETH C LARSON
2860 PIEDMONT AVE
DULUTH, MN 55811-2993

Employer Identification Number:
38-3732809
DLN:
17053255015036
Contact Person:
DONNA ELLIOT-MOORE ID# 50304
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 22, 2005
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)



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	<u>3-10-2016</u>
LICENSE #	<u>760184</u>

Type in your information by tabbing through the boxes below. Print all applications, sign and submit to the address listed above.

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$ <u>296.00</u>
<u>X (2)</u> TOTAL	\$ 594.00

LICENSEE CORP NAME/BUSINESS ADDRESS:
Grandma's Marathon-Duluth, Inc.
PO Box 16234
Duluth, MN 55816-0234

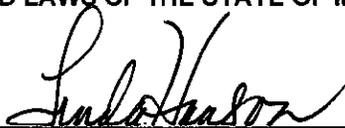
D/B/A or TRADE NAME: Grandma's Marathon
CELL OR BUSINESS PHONE NO. 218 727 0947

MANAGER'S NAME & ADDRESS & PHONE #
Linda Hanson
PO Box 16234
Duluth, MN 55816-0234

OWNER OF BUSINESS PREMISES:
Grandma's, Inc.
ETOR
DEDA

LICENSE PERIOD: {
FRIDAY - 6/17/16
SATURDAY - 6/18/16
SUNDAY - 6/19/16

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:



GRANDMA'S MARATHON
 PO BOX 16234
 DULUTH, MN 55816
 GrandmasMarathon.com

EMAIL: linda@grandmasmarathon.com
 Would you like notifications via email? YES NO



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 3-10-2016
 LICENSE # 760184

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	FEE
DANCE (with a liquor license)	SEE BELOW: \$ <u>357.00</u>

LICENSEE BUSINESS NAME & ADDRESS
 (Corporation/Individual/Partnership)

GRANDMA'S MARATHON, DULUTH, INC.
PO BOX 16234
DULUTH MN 55816-0234

TRADE NAME: GRANDMA'S MARATHON

BUSINESS PHONE: 218 727 0947

MANAGER'S NAME/ADDRESS/PHONE NO.

LINDA HANSON
PO BOX 16234
DULUTH MN 55816-0234
218 727 0947

OWNER OF BUSINESS PREMISES:

ETOR
DEDA

LICENSE PERIOD: FRIDAY - 6/17/16
SATURDAY - 6/18/16
SUNDAY - 6/19/16

- 1. Annual dance - Sept. 1 - Aug 31st @ \$1,130.00
- 2. One day/evening per day (3) @ \$119.00 = \$357.00
- 3. Seasonal - May 1 - August 31st @ \$386.00

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.

Linda Hanson
 Signature of Applicant

LINDA HANSON
FINANCE & OPER. DIR.

MAILING ADDRESS



GRANDMA'S MARATHON
 PO BOX 16234
 DULUTH, MN 55816
 GrandmasMarathon.com



**CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Grandma's Marathon - Duluth, Inc.

2. Trade Name: Grandma's Marathon

3. Address of place to be licensed: Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Fenced-in parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.

5. Name and address of owner of building: DNA

Any connection with applicant? _____ Who receives the rent? _____

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

List name, address & title: Linda Hanson - Finance & Operations Director of Grandma's Marathon
PO Box 16234 - Duluth, MN 55816-0234

7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

Grandma's Marathon is a MN Non-Profit w/ 501 C3 Status

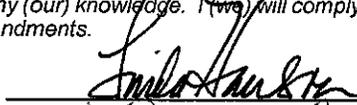
9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
Exact distance unknown. Harbor City International School is located on 4th Ave. W. & Michigan Street

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.

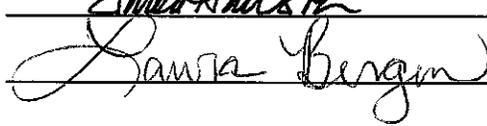
NONE

Failure to answer all questions truthfully on this application and Affidavit "A," which is made a part thereof, will be just cause for revocation of your license.

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 and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations of their amendments.

Signature: 

Date: 2/29/16

Signature: 

Date: 2/29/16

CITY CLERK'S OFFICE
330 CITY HALL
DULUTH, MN 55802

AFFIDAVIT "A"

**ALCOHOLIC BEVERAGE
LICENSE APPLICATION**

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, **fill out items 1-4, and 11 & 12 of this application. Items 5-10** need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant

Grandma's Marathon - Duluth, Inc.

(Individual, Partnership, Corporation or Club)

2. Address of licensed premises Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.

3. Your Name Linda LaVonne Hanson 08/16/1959
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address PO Box 16234 Duluth St.Louis MN 55816-0234
(Address) (City) (County) (State) (Zip)

5. Other home addresses in last 10 years:

DNA

6. Other names you are, or have been known by, including maiden name: _____

7. Your position in the business: Finance & Operations Director - Grandma's Marathon
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest. _____

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) Advantage Emblem - 4313 Haines Road - Duluth, N 55811
- (2) Fitgers Inn - 600 East Superior Street - Duluth, MN 55802
- (3) (Bank) Wells Fargo - 230 West Superior Street - Duluth, MN 55802

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes No
If yes, why? _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes No
If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes No

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. 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

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.





(WITNESS) (DATE) (APPLICANT'S SIGNATURE)



CITY OF DULUTH SUPPLEMENTAL FORM

Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

1. Is this the first time for this event?

Yes No

If No, how many people attended this event _____

If Yes, how many people are you expecting to attend? _____

2. What kind of advertisement have you done? _____

MEDIA / PRINT / SOCIAL MEDIA / _____

3. What is the age of the target group for this event?

ALL AGES

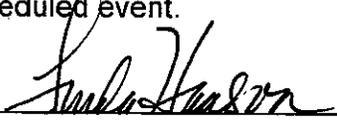
4. Will alcohol be sold or given away at this event?

YES

5. Will dancing be allowed at this event?

YES

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.



Applicant Signature

2 29 16
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

If yes, how many licensed peace officers will be required? _____



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 444 Cedar Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization Grandma's Marathon - Duluth, Inc.		Date Organized June 1977	Tax exempt number n/a
Address PO Box 16234	City Duluth	State MN	Zip Code 55816-0234
Name of person making application Linda Hanson		Business phone 218 727 0947	Home phone
Date(s) of event 6/17/16 6/18/16 6/19/16	Type of organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name Kellie Luedloff, Chairperson	City Duluth	State MN	Zip Code 55816-0234

Location where permit will be used. If an outdoor area, describe.

Fenced-in Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. and Morse St.

If the applicant will contract for intoxicating liquor service, give the name and address of the liquor license providing the service.

DNA

If the applicant will carry liquor liability insurance, please provide the carrier's name and amount of coverage.

YES - Great American E&S Insurance Company - \$2,000,000-Aggregate Limit/\$1,000,000-Each Com

APPROVAL

APPLICATION MUST BE APPROVED BY THE CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City of Duluth/St. Louis County City/County	Date Approved
City Fee Amount	Permit Date
Date Fee Paid	

Signature of City Clerk or County Official

Approved Director Alcohol and Gambling Enforcement

NOTE: Submit this form to the city or county 30 days prior to event. Forward application signed by the city and/or county to the address above. If the application is approved the Alcohol and Gambling Enforcement Division will return this application to be used as the permit for the event.

Date of Application _____
 License No. _____

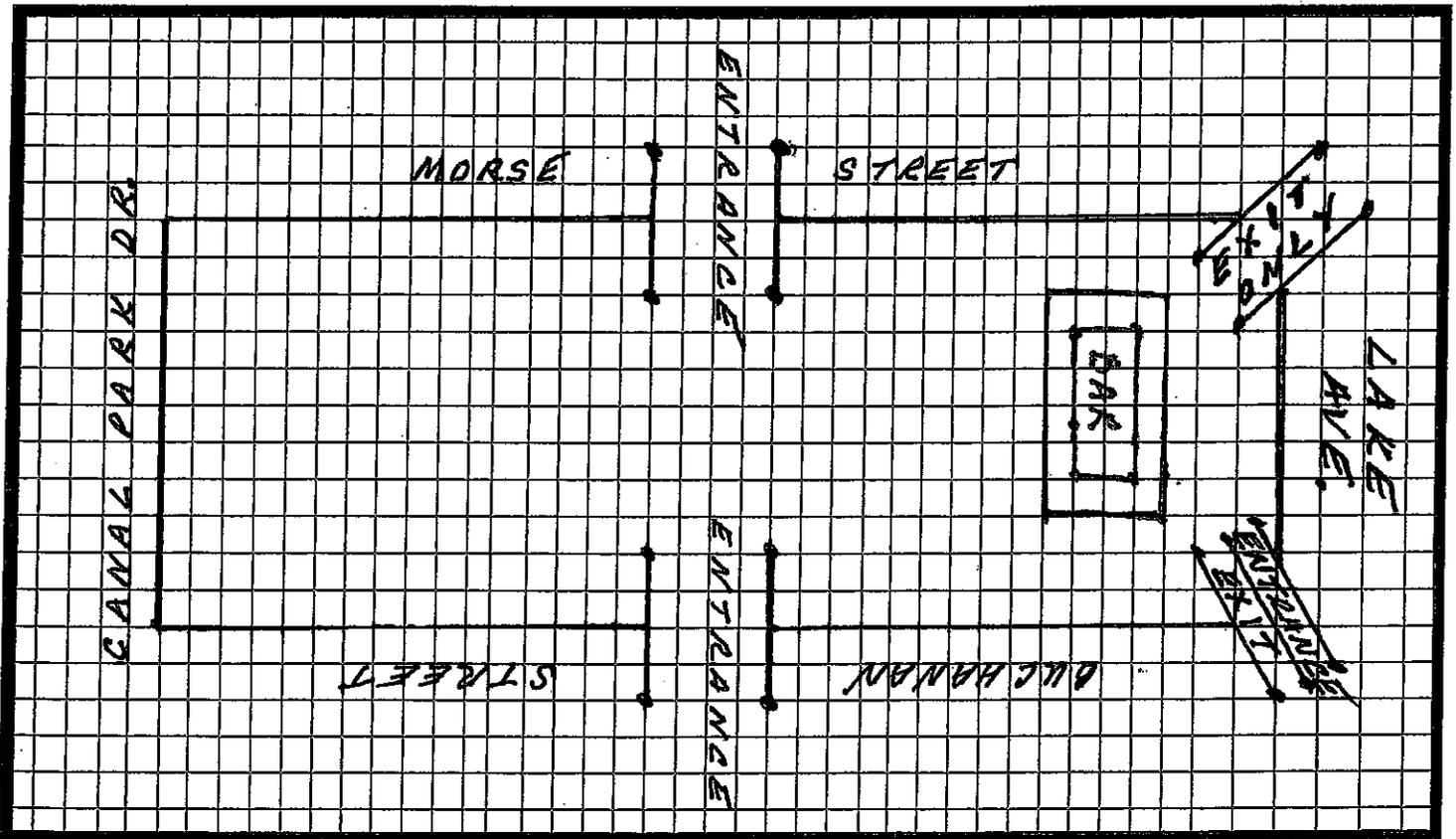
TEMPORARY ON SALE LIQUOR (GRAPH)

*Owner: Grandma's Marathon-Duluth, Inc. (d/b/a)*TradeName: Grandma's Marathon
 *Date of Event: 6/17/16 6/18/16 6/19/16 Address PO Box 16234 Duluth, MN 55816
 *Name of Event: Grandma's Marathon *Time of Event: Fri.-6/17/16 — 7pm-2am
 Sat.-6/18/16 — 8am-12pm
 *Security Personnel: Duluth Police Dept. & Fond du Lac Law Enforcement Cadets *Firm: Sun.-6/19/16 — 12:01am-2am

DIAGRAM MUST SHOW:

- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used. (Snow fence is preferred.)
- D. Where the bar will be located in the "serving area".
- E. Exits and entries to and from the "serving area".

Sketch location and dimensions of area to be occupied. Indicate north on diagram. (NORTH)



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN and their amendments. I further agree to comply with any special restrictions which may be imposed by resolution of the Duluth City Council and not to allow any services, or consumption outside fo the approved "designated serving area" identified here.

Linda Hanson
 Linda Hanson - Finance & Oper. Director

Minnesota Business and Lien System, Office of the Minnesota Secretary of State

Business Record Details »

Minnesota Business Name
GRANDMA'S MARATHON - DULUTH, INC.

Business Type
Nonprofit Corporation (Domestic)

MN Statute
317A

File Number
1A-888

Home Jurisdiction
Minnesota

Filing Date
04/21/1987

Status
Active / In Good Standing

Renewal Due Date
12/31/2016

Registered Office Address
351 Canal Park Drv
Duluth, MN 55802
USA

Registered Agent(s)
(Optional) None provided

President
Jon Carlson
PO Box 16234
Duluth, MN 55816
USA

Comments
See history for mailing address

Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies

<input type="checkbox"/>	Filing Date	Filing	Effective Date
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<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input type="checkbox"/>	04/21/1987	Original Filing - Nonprofit Corporation (Domestic)	
	04/21/1987	Nonprofit Corporation (Domestic) Business Name	
<input type="checkbox"/>	09/09/1988	Amendment - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	05/17/1990	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	04/10/1996	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
	04/10/1996	Nonprofit Corporation (Domestic) Mailing Address	
<input type="checkbox"/>	01/21/1999	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/10/2004	Amendment - Nonprofit Corporation (Domestic)	

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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 2-23-2016
 LICENSE # 760011

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.

ON SALE WINE LICENSE
INITIAL INVESTIGATION (Level 4)

	FEE
	\$ 892.00
	<u>209.00</u>
TOTAL	\$1101.00

LICENSEE NAME, ADDRESS, PHONE:
 (Corporation/Individual/Partnership)

Sammys pizza of Duluth Inc

BUSINESS NAME, ADDRESS, PHONE:

Sammys PIZZA & RESTAURANT
103 W 1st St
Duluth, Mn 55802
218 727 8551

MANAGER'S NAME, ADDRESS, PHONE:

Terry Perrella
1511 Minneapolis Ave
218 343 2801

PROPERTY OWNER NAME, ADDRESS, PHONE:

Center City Housing Corp
105 1/2 W 1st St

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.

Julie Daery
 Signature of Applicant

MAILING ADDRESS

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: Sammys pizza of Duluth inc
2. Trade Name: _____
3. Address of place to be licensed: 103 W 1st St
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) _____
5. Name and address of owner of building: Center City Housing corp 105 1/2 W 1st St
 Any connection with applicant? _____ Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
erry perrella 1511 Minn Ave Duluth, Mn. president
- 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:
samperrella vice pres. 20% / Tim perrella 20% / Julie daly sec/treas 20% / erry perrella 20% president / jade fester 20%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:

10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, 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: Julie Dally Date: 2/12/16
 Signature: _____ Date: _____

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Sammys pizza of Duluth Inc
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 103 W. 1st St Duluth, Mn.
3. Your Name Julie Daly 2/23/61
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 5333 Jean Duluth Duluth Mn 55803
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: _____

6. Other names you are, or have been known by, including maiden name: _____
Julie Perrella
7. Your position in the business: owner sec/treas
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X.

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X.

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Sommus Pizza of Duluth Inc
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 103 W 1st St Duluth, MN
3. Your Name Terry J Perrella 5/27/62
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 1511 Minneapolis Av Duluth MN 55803
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: _____

6. Other names you are, or have been known by, including maiden name: _____

7. Your position in the business: owner president / manager
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X.

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X.

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

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: city of Duluth
Licensing authority: City of Duluth, St. Louis County, Minnesota
License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____
Applicant's Address: _____
Social Security Number: _____

Business Information (if applicable)

Business Name: Sammys Pizza
Business Address: 103 W 1st St Duluth, Mn.
Minnesota Tax Identification Number: 2415684
Federal Tax Identification Number: 41-1622 873

If a MN Tax I.D. is not required, please explain:

Signature Wesley Daery Date 2/22/10

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 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 Minnesota Statutes, 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 NO (if applicable) <i>Sammicus pizza</i>	BUSINESS TELEPHONE NO. <i>218 727 8551</i>	FAX TELEPHONE NO. —
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable) <i>103 W 1st St</i>		
BUSINESS ADDRESS (must be physical street address, no PO boxes) <i>103 W 1st St</i>	CITY <i>Duluth</i>	STATE <i>Mn</i> ZIP CODE <i>55802</i>
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent) <i>State Farm Insurance Co.</i>	NAIC Number
POLICY NO. <i>93-K4-80310-4</i>	EFFECTIVE DATE <i>9/15</i>
	EXPIRATION DATE <i>9/16</i>

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

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

PRINT NAME <i>Julie Daly</i>		
APPLICANT SIGNATURE (required) <i>Julie Daly</i>	TITLE <i>sec/Head/owner</i>	DATE <i>2/22/16</i>

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.



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

Temp. Exp. of
 Liquor License

FOR OFFICE USE ONLY	
DATE	2-25-2016
LICENSE #	38

Festiversary 2016

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ —
TOTAL: \$ 358.00	

LICENSEE CORP NAME & BUSINESS ADDRESS:

Bent Paddle Brewing Co.
 1912 West Michigan St.
 Duluth, MN 55806

D/B/A or TRADE NAME:

n/a

** MANAGER'S NAME & ADDRESS & PHONE #

Laura Mullen
 Same
 cell 721-2176

CELL OR BUSINESS PHONE

NO. 219-2727 x303

** EVENT LICENSE PERIOD:

Sat, May 14, 2016

**RAIN DATE: YES NO

IF YES, DATE: _____

NEW INFORMATION

1. **PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next month's meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.

2. **SECURITY:** Supply information to the License Inspector @ 730-5421. Officer Vang # 2/24

3. **HEALTH DEPT:** An application must be on file with the State Health Dept., for the serving of food and alcohol at 218-302-6166 or 218-302-6184. N/A

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

Laura S. F. Mullen
 Signature of Applicant

MAILING ADDRESS:

Bent Paddle Brewing Co.
 1912 West Michigan St.
 Duluth, MN 55806

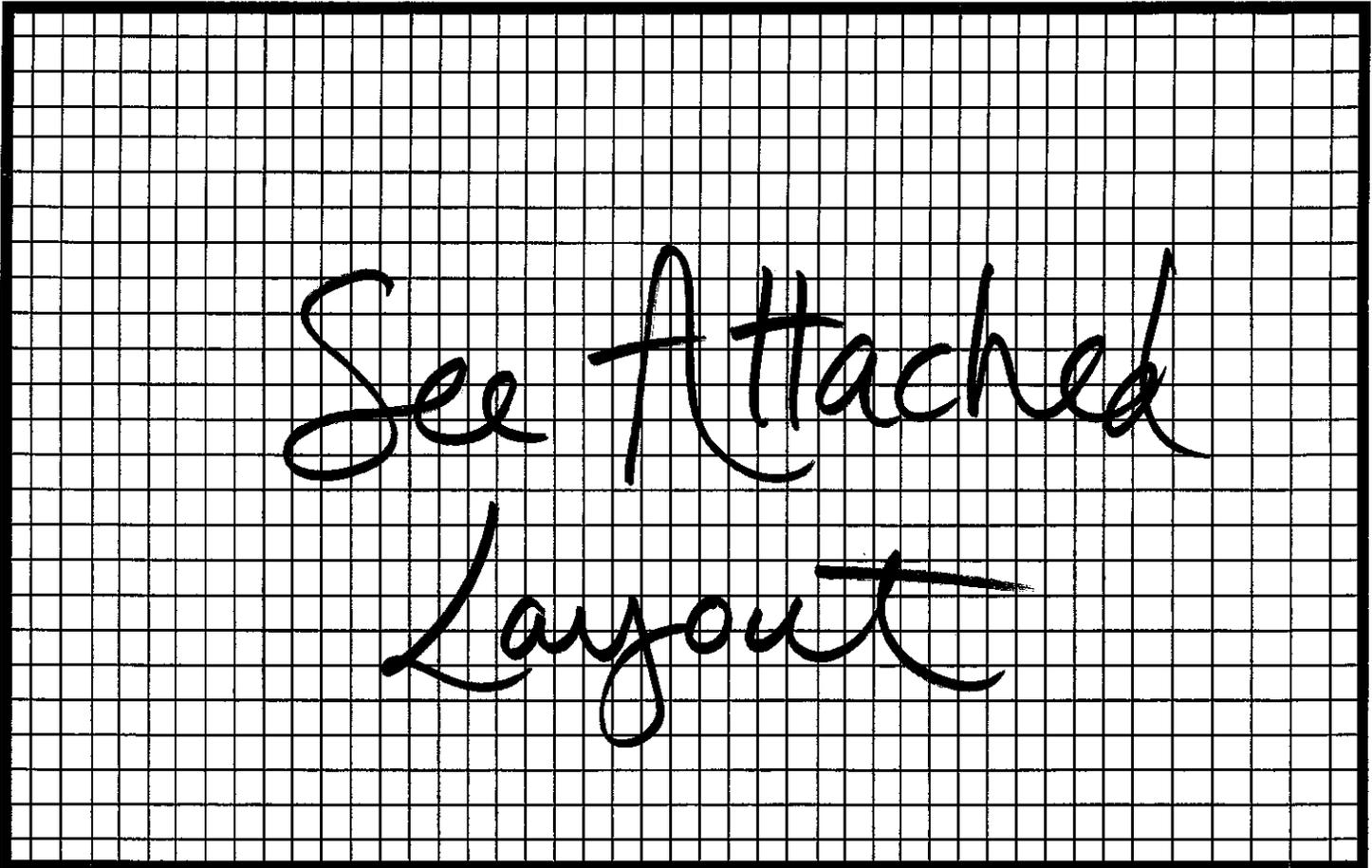
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Bent Paddle Brewing Co. (d/b/a)*Trade Name: n/a
Date of Event: 5/14/16 *Address 1912 West Michigan St., Duluth, MN 55806
*Name of Event: Festiversary 2016 *Time of Event: 2-8pm
*Security Personnel: Gary Scheer Group → *Firm: Scheer Events
+ Extra Duty Police officer

DIAGRAM MUST SHOW:

- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used. (Snow fence is preferred.)
- D. Where the bar will be located in the "serving area".
- E. Exits and entries to and from the "serving area".

Sketch location and dimensions of area to be occupied. Indicate north on diagram. (NORTH)



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN and their amendments. I further agree to comply with any special restrictions which may be imposed by resolution of the Duluth City Council and not to allow any services, or consumption outside fo the approved "designated serving area" identified here.

Lance S.F. Miller
Signature of owner/authorized representative

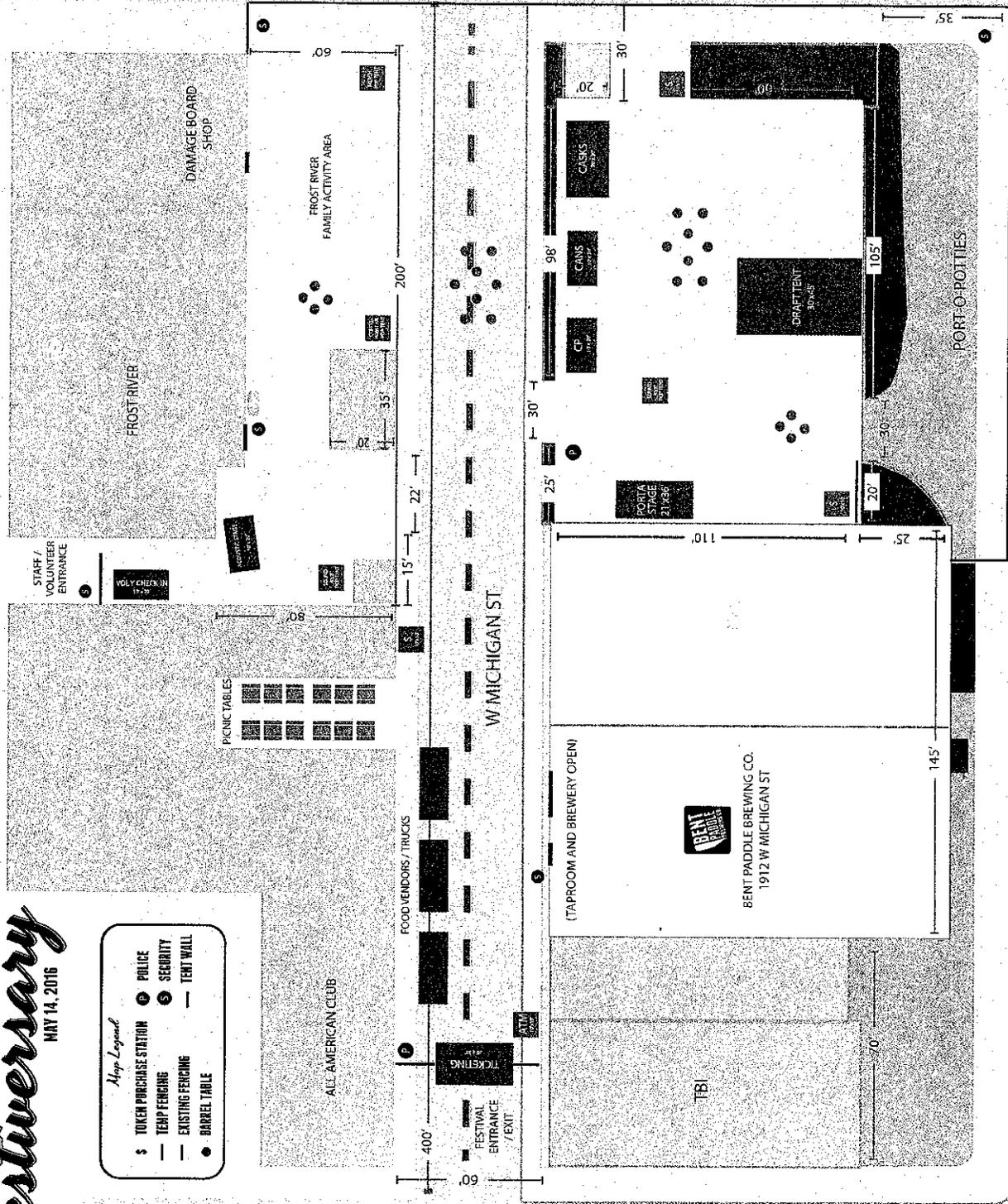
Festiversary

MAY 14, 2016

Map Legend

- ⌘ TOKEN PURCHASE STATION
- ⌘ POLICE
- ⌘ TEMP FENCING
- ⌘ SECURITY
- ⌘ EXISTING FENCING
- ⌘ TENT WALL
- BARREL TABLE

W SUPERIOR ST



S 20th AVE

S 19th AVE

W MICHIGAN ST

LOWER MICHIGAN ST

LAYOUT (2/24/16)



**CITY OF DULUTH
SUPPLEMENTAL FORM**

Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

1. Is this the first time for this event?

Yes No

If No, how many people attended this event

If Yes, how many people are you expecting to attend?

2,500 - 3,000
(2,200 in 2015)

2. What kind of advertisement have you done?

Social Media, Print Ads, etc.

3. What is the age of the target group for this event?

25 - 45

4. Will alcohol be sold or given away at this event?

Yes - sold beer only

5. Will dancing be allowed at this event?

Not Really

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.

Laurel J. Muller
Applicant Signature

2/24/16
Date

For office use only

Is a licensed Peace Officer need for this event _____

If yes, how many licensed peace officers will be required _____

\$58/hr?

Extra Duty Police Services Application
Attn: Officer Jim Hansen
Duluth Police Department
411 West First Street
Duluth, MN 55802
(218) 390-2232
Fax 218-730-5910

+ Officer Vang
730-5424



Name of Business/
Organization/Event: Bent Paddle Brewing Co.

Date(s)
Of Service: May 14, 2016 Hours: 2-8 pm

Location: 1912 West Michigan St.

Number of
Officers: 2 per officer Vang Duties: Help w/questionable
21+ IDs @ entry gate / General surveillance /
Go to for any emergencies (criminal, medical, etc.)

Contact
Person: Laura Mullen Position: Owner

Contact
Address: 1912 west Michigan St. City: Duluth, MN Zip: 55806

Contact
Phone: cell 721-2176 Billing
Phone: work 279-2722 x303

Billing
Name: Bent Paddle Brewing Co.

Billing
Address: ↑ Same City: — Zip: —

Federal ID # or Social Security #: 45-2685901

NOTICE TO APPLICANTS

The officers are at all times subject to the policies of the City of Duluth, the laws and Constitution of the United States and the state of Minnesota, and the rules and regulations governing employees of the Duluth Police Department (DPD). A Applicant has no authority over police personnel and is restricted to providing only a general assignment of duties to be performed by the officer. Those assignments never supersede DPD policy or procedures and the Applicant is hereby so advised. Extra duty officers remain under the exclusive control of the City and are accountable for strict adherence to its rules and regulations. Any conflicting rules of the Applicant will be disregarded. The officer shall refuse to perform any duties deemed to be in conflict with the guidelines established by DPD. As determined by the Department, officers may be recalled from extra duty to on duty status. This application is for law enforcement work only and does not exempt Applicants from obtaining other necessary permits for events. The City of Duluth Police Department is NOT obligated to provide extra duty services. The City reserves its right to deny an application for extra-duty officers.

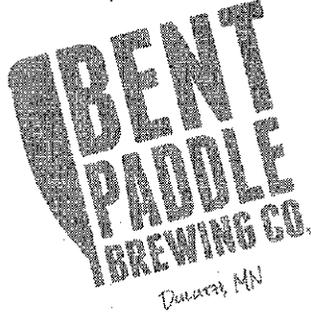
DPD officers are not permitted to receive cash from Applicant for any reason whatsoever.

I have read and understand the Extra Duty Application:

Laura S.F. Mullen 2/24/2016
Applicant **Date**

Return to Officer Jim Hansen at above address, or email to: jhansen@duluthmn.gov

Invoice No.	Ref No.	Date	Net Amount
10197	Festiversary 2016 Temp. Expansion of Liquor License Permit Fee	02/24/16	358.00



358.00

	<p style="text-align: right;"> Total Cash 0.00 Total Check 358.00 Total Charge 0.00 Total Other 0.00 Total Remitted 358.00 Change 0.00 Total Received 358.00 </p>	
Total Amount:		\$358.00

OWNER INFORMATION

Name:

Address:

Tax Parcel No:

THIS IS NOT A PERMIT

Marian Collins

From: Schaffer, Sara (MDH) <Sara.Schaffer@state.mn.us>
Sent: Thursday, February 25, 2016 11:47 AM
To: Marian Collins
Subject: Re: Temp Expansion - Bent Paddle

I don't license them they're under agriculture

Sara

Sent from my iPhone

> On Feb 25, 2016, at 11:36 AM, Marian Collins <mcollins@DuluthMN.gov> wrote:
>
> The attachment is an application for a temporary expansion from Bent Paddle for their annual anniversary party.
>
> Cha they will also will be applying for a special event permit for this.
>
> -----Original Message-----
> From: Marian Collins
> Sent: Thursday, February 25, 2016 12:24 PM
> To: Marian Collins
> Subject: Send data from MFP11422410 02/25/2016 12:23
>
> Scanned from MFP11422410
> User Name: mcollins
> Date:02/25/2016 12:23
> Pages:5
> Resolution:200x200 DPI
> -----
> <DOC022516-02252016122346.pdf>

Minnesota Business and Lien System, Office of the Minnesota Secretary of State

[Sign In or Create Online Account](#)

Minnesota Business and Lien System, Office of the Minnesota Secretary of State

[Sign In or Create Online Account](#)

Business Record Search »

Business Name

bent padd

Search Scope:

Begins With

Filing Status:

Active

Include Prior Names:

Exclude

Search Results

Business Name

BENT PADDLE BREWING COMPANY

[Details](#)

Business Status:

Active

Business Type:

Business Corporation (Domestic)

Name Type:

Minnesota Business Name



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

2015

FOR OFFICE USE ONLY
 DATE 3-9-2016
 LICENSE # 759972

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

FEE

OFF SALE LIQUOR TRANSFER
 LEVEL 4 INVESTIGATION FEE (ONE TIME)

\$358.00
209.00
 Total \$567.00

LICENSEE NAME/ADDRESS/PHONE NO.
Mallow Enterprises Inc.
3612 Decker Road
218-727-6439

TRADE NAME: Big Bottle Shop

BUSINESS PHONE: 218-727-4141

MANAGER'S NAME/ADDR/PHONE NO.
Jeremiah Johnson
2401 W. Superior Street
218 721 6787

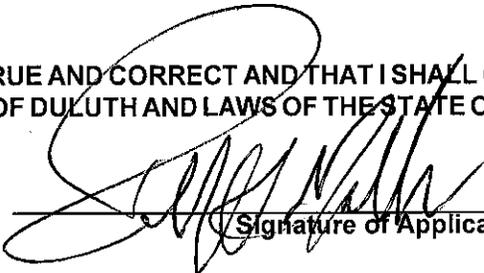
OWNER OF BUSINESS PREMISES:
Randy Mallow
3612 Decker Road
Duluth

LIQUOR: PLAT/PARCEL: Duluth proper second division
Lot 0 BIK 49
SLY 95 & T of GTS 385
387

LICENSE PERIOD: 9/1 - 8/31/

TRANSFERRED FROM:
stock transfer from Brittany Mallow to Randolph Mallow

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


 Signature of Applicant

MAILING ADDRESS:
3612 Decker Road
Duluth MN 55811



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: Mallow Enterprises Inc
2. Trade Name: Big Bottle Shop
3. Address of place to be licensed: 2401 W. Superior Street
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Name and address of owner of building: Randy Mallow 3612 Decker Road Duluth
 Any connection with applicant? same Who receives the rent: Randy Mallow
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Jeremiah Johnson 2401 W. Superior St. MGR.
- 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:
Randolph K Mallow 100%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
3 city blocks
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:
NONE

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: 3/1/2016
 Signature: _____ Date: _____

CITY CLERK'S OFFICE
330 CITY HALL
DULUTH, MN 55802

AFFIDAVIT "A"

ALCOHOLIC BEVERAGE
LICENSE APPLICATION

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out items 1-4, and 11 & 12 of this application. Items 5-10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Mallow Enterprises INC
(Individual, Partnership, Corporation or Club)

2. Address of licensed premises 2401 W. Superior Street

3. Your Name Randolph Kenneth Mallow 11-06-1950
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address 3612 Decker Road Duluth St. Louis MN 55811
(Address) (City) (County) (State) (Zip)

5. Other home addresses in last 10 years:

6. Other names you are, or have been known by, including maiden name: _____

7. Your position in the business: president
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No X

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: Mallow Ent. Inc (Big Bottle Shop)
Licensing authority: City of Duluth, St. Louis County, Minnesota
License renewal date: 9/1/2016

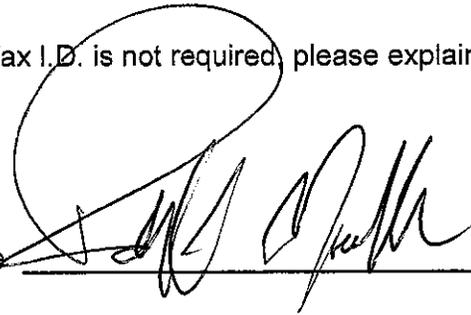
Personal Information (if applicable)

Applicant's Name: _____
Applicant's Address: _____
Social Security Number: _____

Business Information (if applicable)

Business Name: Big Bottle Shop (Mallow Ent. Inc.)
Business Address: 2401 W. Superior Street
Minnesota Tax Identification Number: ~~09550000~~ 7412542
Federal Tax Identification Number: 41-0954021

If a MN Tax I.D. is not required, please explain:

Signature:  Date: 3/1/2016

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 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 Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO. 218 727 4141	FAX TELEPHONE NO. —
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) Mallow Enterprises INC		
DBA ("doing business as" or also known as an assumed name) (if applicable) Big Bottle Shop		
BUSINESS ADDRESS (must be physical street address, no PO boxes) 2401 W. Superior Street	CITY Duluth	STATE ZIP CODE MN 55811
COUNTY St. Louis	E-MAIL ADDRESS Rmallow@charter.net	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent) Peerless Ins. Co.	NAIC Number 11355
POLICY NO. WC 4360539	EFFECTIVE DATE 8/31/2015
	EXPIRATION DATE 8/31/2016

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

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

PRINT NAME Randolph K. Mallow		
APPLICANT SIGNATURE (required) 	TITLE President	DATE 3/1/2016

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555
 WWW.DPS.STATE.MN.US



APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

Workers compensation insurance company. Name Peerless Policy # WC 436 0539
 Licensee's MN Sales and Use Tax ID # 741 2542 To apply for a MN sales and use tax ID #, call (651) 296-6181
 Licensee's Federal Tax ID # 41-0954621

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC) <u>Mallow Enterprises INC.</u>	Social Security # <u>475-52-9202</u>	Trade Name or DBA <u>Big Bottle Shop</u>
License Location (Street Address & Block No.) <u>2401 W. Superior St.</u>	License Period From <u>9/1</u> To <u>8/31</u>	Applicant's Home Phone # <u>218 727 6439</u>
City <u>Duluth</u>	County <u>St. Louis</u>	State <u>MN</u>
Name of Store Manager <u>Jeremiah Johnson</u>	Business Phone Number <u>218 727 4141</u>	DOB (Individual Applicant) <u>—</u>

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
<u>Randolph Kenneth Mallow</u>	<u>11/06/1950</u>	<u>475-52-9202</u>	<u>pres.</u>	<u>100</u>	<u>3612 Decker Rd Duluth MN</u>

- If a corporation, date of incorporation Aug 21, 1969, state incorporated in MN, amount paid in capital —. If a subsidiary of any other corporation, so state — and give purpose of corporation TO operate a liquor store. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.
ground floor
- Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No If yes state approximate distance. _____
- Name and address of building owner: Randy Mallow 3612 Decker Road Duluth MN
Has owner of building any connection, directly or indirectly, with applicant? Yes No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. Kenneth & Karen Mallow contract to purchase
Business still going on
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
 Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees 6
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. NO
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. NO
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome.
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

Check one

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title

Randolph K. Mallow Pres

Signature of Applicant

[Handwritten Signature]

Date

3/1/2016

REPORT BY POLICE/SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department

Title

Signature

County Attorney's Signature

PS 9136-(2009)

IMPORTANT NOTICE

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.
For information call (513) 684-2979 or 1-800-937-8864

City of Duluth
 Treasurer's Office
 105 City Hall
 Duluth, MN 55802
 (218) 730-5350

RECEIPT

RECEIPT DATE 3/9/2016	RECEIVED FROM MALLOW ENTERPRISES, INC	RECEIPT No. 2016-00063222
COLLECTION STATION Clerks 1	CHECK No. 35297	CASHIER Marian Collins

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
CD-License	License - 759972 110-121-1211-4101 Liquor License 567.00	\$567.00														
<table border="1"> <tr> <td>Total Cash</td> <td>0.00</td> </tr> <tr> <td>Total Check</td> <td>567.00</td> </tr> <tr> <td>Total Charge</td> <td>0.00</td> </tr> <tr> <td>Total Other</td> <td>0.00</td> </tr> <tr> <td>Total Remitted</td> <td>567.00</td> </tr> <tr> <td>Change</td> <td>0.00</td> </tr> <tr> <td>Total Received</td> <td>567.00</td> </tr> </table>		Total Cash	0.00	Total Check	567.00	Total Charge	0.00	Total Other	0.00	Total Remitted	567.00	Change	0.00	Total Received	567.00	
Total Cash	0.00															
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Total Other	0.00															
Total Remitted	567.00															
Change	0.00															
Total Received	567.00															
Total Amount:		\$567.00														

OWNER INFORMATION

Name: _____,

Address: _____

Tax Parcel No: _____

THIS IS NOT A PERMIT

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest. _____

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) Robling Beer Dist. 15. 29th Ave W. Duluth
- (2) Superior Bev. Beer Dist 12 Randy Johnson St. Superior WI
- (3) (Bank) Republic Bank 4929 Decker Road Duluth

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes _____ No X
If yes, why? _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes _____ No X
If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes _____ No X

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. 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 X No _____

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

Sue Mallow (wife)
(WITNESS)

3/1/2016
(DATE)

[Signature]
(APPLICANT'S SIGNATURE)



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	<u>3-18-2016</u>
LICENSE #	<u>39</u>

Type in your information by tabbing through the boxes below.
 Print all forms, sign and submit to the address listed above.

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
TOTAL:	\$

LICENSEE CORP NAME & BUSINESS ADDRESS:

Red Herring - LLC
208 E 1st St.
Duluth, MN 55802

D/B/A OR TRADE NAME: The Red Herring Lounge

CELL OR BUSINESS PHONE NO. 218.341.0793

MANAGER'S NAME & ADDRESS & PHONE #

Bob Monahan
317 E 9th St.
Duluth, MN 55805

EVENT LICENSE PERIOD: 9/3/16, 4-11pm

RAIN DATE? YES NO
 IF YES, DATE: _____

NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next months meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.
- SECURITY:** Supply information to the License Inspector (218-730-5421).
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184).

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:

Red Herring Lounge
208 E 1st St.
Duluth, MN 55802

EMAIL: bob@redherringlounge.com

Would you like notifications via email? YES NO

Date of Application _____
 License No. _____

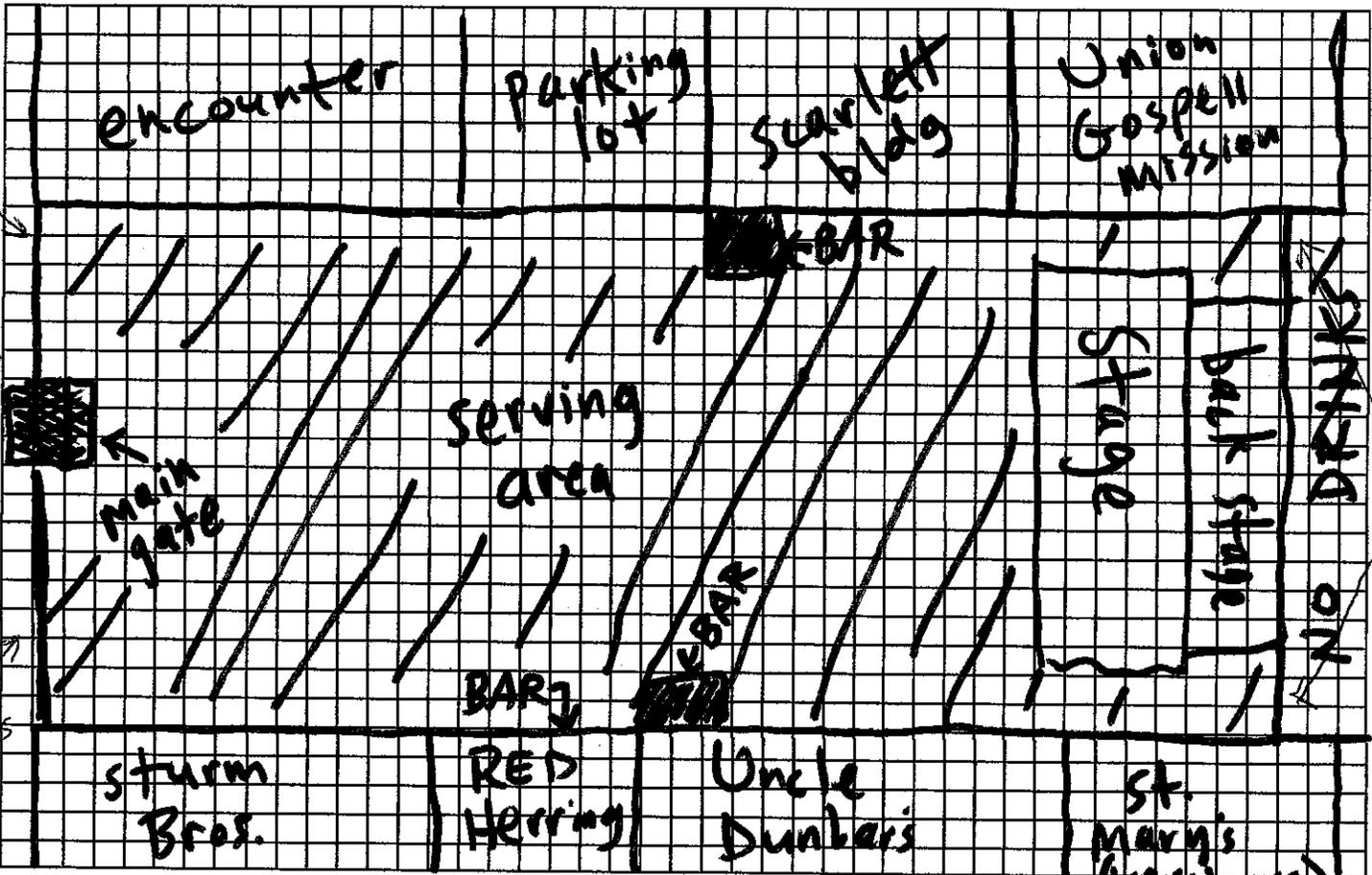
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Robert Mondhan (d/b/a) Trade Name: The Red Herring Lounge
 Date of Event: 9/3/16 Address: 208 E 1st St.
 Name of Event: Super Big Block Party Time of Event: 3pm
 Security Personnel: in-house Firm: _____

DIAGRAM MUST SHOW:

- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used (snow fence is preferred).
- D. Where the bar will be located in the "serving area."
- E. Exits and entries to and from the "serving area."

Sketch location and dimensions of area to be occupied. Indicate north on diagram as "NORTH."



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of Minnesota and their amendments. I further agree to comply with any special restrictions which may be imposed by resolution of the Duluth City Council and not to allow any services or consumption outside of the approved "designated serving area" identified here.

[Signature]
 Signature of owner/authorized representative

City of Duluth
 Treasurer's Office
 105 City Hall
 Duluth, MN 55802
 (218) 730-5350

RECEIPT

RECEIPT DATE 3/18/2016	RECEIVED FROM RED HERRING, LLC	RECEIPT No. 2016-00071000
COLLECTION STATION Clerks 1	CHECK No. 2830	CASHIER Marian Collins

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
CD-License	License - 39 110-121-1211-4101 Liquor License 358.00	\$358.00														
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Total Cash</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Check</td> <td style="text-align: right;">358.00</td> </tr> <tr> <td>Total Charge</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Other</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Remitted</td> <td style="text-align: right;">358.00</td> </tr> <tr> <td>Change</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Received</td> <td style="text-align: right;">358.00</td> </tr> </table>		Total Cash	0.00	Total Check	358.00	Total Charge	0.00	Total Other	0.00	Total Remitted	358.00	Change	0.00	Total Received	358.00	
Total Cash	0.00															
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Total Remitted	358.00															
Change	0.00															
Total Received	358.00															
Total Amount:		\$358.00														

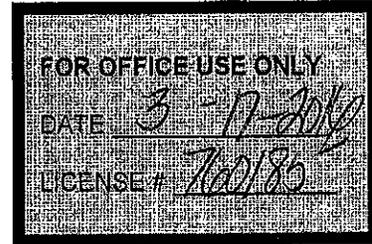
OWNER INFORMATION

Name: _____
 Address: _____
 Tax Parcel No: _____

THIS IS NOT A PERMIT



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



Type in your information by tabbing through the boxes below. Print all applications, sign and submit to the address listed above.

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$
TOTAL	\$298

LICENSEE CORP NAME/BUSINESS ADDRESS:

Duluth Superior GLBTQAI Pride INC.
P.O. Box 3198
Duluth, MN 55805

D/B/A or TRADE NAME: Duluth Superior GLBTQAI Pride INC.

Spring Bayla
CELL OR BUSINESS PHONE NO. N/A

MANAGER'S NAME & ADDRESS & PHONE #

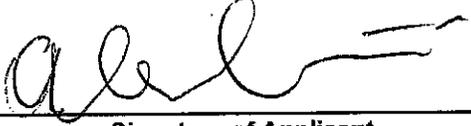
Alexandre Campanini-Pape (Co-Chair)
Nathan Westerberg (Co-Chair)
1521 Belmont Rd. Duluth, MN 55805

OWNER OF BUSINESS PREMISES:

Duluth Superior GLBTQAI Pride INC.
Non-Profit Volunteer Board

LICENSE PERIOD: April 30th, 2016

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:

P.O. Box 3198 Duluth, MN 55805

EMAIL: woylla5590@gmail.com
 Would you like notifications via email? YES NO



**CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed: Minnesota Ballet Duluth Superior GIBTOBI Pride Inc. (A)
2. Trade Name: Minnesota Ballet Duluth Superior GIBTOBI Pride Inc. (A)
3. Address of place to be licensed: Minnesota Ballet 301 W. First St. Suite #800 Duluth, MN 55802
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Portable Bar in main Ballroom
5. Name and address of owner of building: Board of Trade
301 W. First St.
Duluth, MN 55802
- Any connection with applicant? NO Who receives the rent? N/A
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Harvey Plasch 1131 E. Ninth St. Duluth, MN 55805
President of the Minnesota Ballet Board
7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:
N/A
8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:
N/A
9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
One Mile
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.
N/A

Failure to answer all questions truthfully on this application and Affidavit "A," which is made a part thereof, will be just cause for revocation of your license.

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 and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations of their amendments.

Signature: [Handwritten Signature]

Date: 3/9/16

Signature: [Handwritten Signature]

Date: 3/9/16



CITY OF DULUTH SUPPLEMENTAL FORM

Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

1. Is this the first time for this event? Yes No
If No, how many people attended this event 125
If Yes, how many people are you expecting to attend? _____

2. What kind of advertisement have you done? _____
Social Media _____

3. What is the age of the target group for this event? 21-55

4. Will alcohol be sold or given away at this event? Yes

5. Will dancing be allowed at this event? Yes

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.


Applicant Signature

3/9/14
Date

For office use only
Is a licensed Peace Officer needed for this event? _____
If yes, how many licensed peace officers will be required? _____

CITY CLERK'S OFFICE
330 CITY HALL
DULUTH, MN 55802

AFFIDAVIT "A"

ALCOHOLIC BEVERAGE
LICENSE APPLICATION

To be completed by each individual licensee, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Duluth Superior GIBTOAI Pride Inc.
(Individual, Partnership, Corporation or Club)

2. Address of licensed premises 301 W. 1st St. Suite # 800 Duluth, MN 55802

3. Your Name Harvey Dean Plaseh 1/28/81
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address 921 N 1st Ave E Duluth, St. Louis, MN 55801
(Address) (City) (County) (State) (Zip)

5. Other home addresses in last 10 years: N/A

6. Other names you are, or have been known by, including maiden name: N/A

7. Your position in the business: Event Coordinator
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.
N/A

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) A Touch of Placid 1131 S. Ninth St. Duluth MN 55805
- (2) The Flame Night Club 28N 1st Ave. W Duluth MN 55802
- (3) (Bank) Wells Fargo 1339 W Arrowhead RD Duluth, MN 55811

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes No

If yes, why _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes No

If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes No

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. N/A

12. 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

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

Julie McKeever
(WITNESS)

3/9/14
(DATE)

[Signature]
(APPLICANT'S SIGNATURE)

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Duluth Superior GIBTOAI Pride Inc.
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 301 W. First St. Suite # 800 Duluth, MN 55802
3. Your Name Nathan Lee Westerberg 2/9/90
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 1521 Belmont Rd Duluth St. Louis, MN 55505
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: 1919 E. Superior St. Duluth, MN 55812

6. Other names you are, or have been known by, including maiden name: N/A

7. Your position in the business: Co-owner
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No _____

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.
N/A

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) A Touch of Plasm 1131 E. Ninth St. Duluth, MN 55805
- (2) The Flame Nightclub 28N 1st Ave W. Duluth, MN 55802
- (3) (Bank) Wells Fargo 1339 W. Arrowhead RD Duluth MN 55811

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes No

If yes, why _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes No

If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes No

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. NIA

12. 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

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

Julie McGehee
(WITNESS)

3/9/14
(DATE)

[Signature]
(APPLICANT'S SIGNATURE)

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant Duluth Superior BIRTBAT Pride inc
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 301 W First St. Suite # 800 Duluth, MN 55802
3. Your Name Alexandre Constante Campanini -page 5/5/90
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 1521 Belmont Rd Duluth; St. Louis, MN 55805
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: 1919 E. Superior St. Duluth, MN 55812
6. Other names you are, or have been known by, including maiden name: N/A
7. Your position in the business: co-chair
(Owner, partner, president, treasurer, manager, etc.)
8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No
- (b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes No
- (c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest. N/A

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) A Touch of Platch 1131 1/2 E. Ninth St. Duluth, MN 55805
- (2) The Flame Nightclub 28 N 1st Ave. W. Duluth, MN 55802
- (3) (Bank) Wells Fargo 1339 W. Arrowhead Rd Duluth, MN 55811

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes No

If yes, why _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes No

If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes No

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. N/A

12. 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

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

Julie McKeever
(WITNESS)

3/9/16
(DATE)

[Signature]
(APPLICANT'S SIGNATURE)

DULUTH LEGISLATIVE CODE.

CHAPTER 8.

BEVERAGES.

Article 1. Alcoholic Beverages.

Subdivision II. Licenses.

Sec. 8-44. To whom licenses issued--intoxicating liquor.

...(e) Temporary on sale liquor licenses shall be issued only to:

- (1) Clubs, charitable organizations, religious organizations and other nonprofit organizations in existence for at least three years;
- (2) A registered political committee;
- (3) A state university; or
- (4) A brewer who manufactures fewer than 3,500 barrels of malt liquor in a year;

in connection with a social event sponsored by the licensee. The license shall be issued for a limited length of time, not to exceed four consecutive days. Temporary on sale licenses to any one organization or for one location shall not exceed more than three four-day, four three-day, six two-day or 12 one-day licenses, in any combination not to exceed 12 days per year. No more than one license shall be issued to any one organization or for any one location within any 30 day period unless the licenses are issued in connection with an event officially designated a community festival by the city. The city may authorize the temporary on sale liquor license on premises other than premises the licensee owns or permanently occupies. The license may provide that the licensee may contract for intoxicating liquor catering services with the holder of a full-year on sale intoxicating liquor license used by the city;...



CITY OF DULUTH
411 West First Street • Duluth, Minnesota 55802

City of Duluth
Treasurer's Office
105 City Hall
Duluth, MN 55802
(218) 730-5350

RECEIPT

RECEIPT DATE 3/18/2016	RECEIVED FROM DULUTH SUPERIOR GLBTAQI PRIDE, INC	RECEIPT No. 2016-00070975														
COLLECTION STATION Clerks 1	CHECK No. 4072	CASHIER Marian Collins														
PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
CD-License	License - 760185 110-121-1211-4101 Liquor License 298.00	\$298.00														
<table border="1"> <tr> <td>Total Cash</td> <td>0.00</td> </tr> <tr> <td>Total Check</td> <td>298.00</td> </tr> <tr> <td>Total Charge</td> <td>0.00</td> </tr> <tr> <td>Total Other</td> <td>0.00</td> </tr> <tr> <td>Total Remitted</td> <td>298.00</td> </tr> <tr> <td>Change</td> <td>0.00</td> </tr> <tr> <td>Total Received</td> <td>298.00</td> </tr> </table>		Total Cash	0.00	Total Check	298.00	Total Charge	0.00	Total Other	0.00	Total Remitted	298.00	Change	0.00	Total Received	298.00	
Total Cash	0.00															
Total Check	298.00															
Total Charge	0.00															
Total Other	0.00															
Total Remitted	298.00															
Change	0.00															
Total Received	298.00															
Total Amount:		\$298.00														

OWNER INFORMATION

Name:

Address:

Tax Parcel No:

THIS IS NOT A PERMIT



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 3-29-2016
 LICENSE # 760012

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.

APPLICATION TO TRANSFER ON SALE WINE LIQUOR LICENSE

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Wine Transfer Liquor		\$358	358
Dancing	980	n/c	
Additional Bar	571	n/c	
After Hours Entertainment	262	n/c	
2:00 a.m. (Issued by State)	See State form	n/c	
		TOTAL:	\$567

LICENSEE LEGAL NAME, ADDRESS & PHONE:
 (Individual, Corporation, Partnership, LLC)

GANNUCCI'S ITALIAN MARKET &
RESTAURANT LLC
301 CENTRAL AVE.
DULUTH 55807 218624 5934

BUSINESS NAME, ADDRESS, & PHONE:

SAME AS LICENSEE

MANAGER'S NAME, ADDRESS & PHONE

WILLIAM KALLIGHER
JOSHUA KALLIGHER
5611 CODY STREET
DULUTH, MN 218-213 6035

NAME & ADDRESS OF PROPERTY OWNER:

SAME AS MANAGER

LICENSE PERIOD: Ending 8/31/

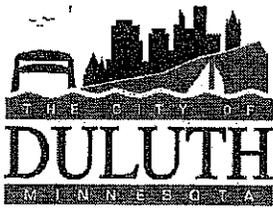
License transferred from (provide documentation from existing licensee approving transfer):

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

Josh Kalliger
 Signature of Applicant

MAILING ADDRESS:

301 N. CENTRAL AVE
DULUTH, MN 5587



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: GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC
2. Trade Name: GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC
3. Address of place to be licensed: 301 N. CENTRAL AVE, DULUTH, MN
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) GROUND FLOOR
5. Name and address of owner of building: WEST DULUTH HOTEL 305 N. CENTRAL
 Any connection with applicant? YES Who receives the rent: WEST DULUTH HOTEL LLC
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title: WILLIAM KALLIGHER, 5611 CODY ST., 55807, MEMBER
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details: WILLIAM KALLIGHER 50%, JUSTINA KALLIGHER 50%
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

9. State approximate distance of this establishment from nearest academy, college, university, church or school: 2 MILES
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: 2 MILES

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: 3-22-16

Signature: [Handwritten Signature]

Date: 3-22-16

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant GANNOCCI'S ITALIAN MARKET & RESTAURANT LLC
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 301 N. CENTRAL AVE., DULUTH 55807
3. Your Name WILLIAM ARTHUR KALLIGHER JULY 17, 1960
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 5611 CODY ST., DULUTH ST LOUIS MN 55807
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: _____

6. Other names you are, or have been known by, including maiden name: N/A
7. Your position in the business: MEMBER
(Owner, partner, president, treasurer, manager, etc.)
8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No .

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No .

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, Questions 5 through 10 need be answered only as they relate to any change in your status since the filing of your last affidavit.

1. License Applicant GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 301 N. CENTRAL AVE.
3. Your Name JOSHUA AARON KALLIGHER
(First) (Middle) (Last) (Jr./Sr.) (D.O.B.)
4. Home Address 5611 CODY ST., DULUTH ST LOUIS MN 55807
(Address) (City) (County) (State) (Zip)
5. Other home addresses in last 10 years: _____
6. Other names you are, or have been known by, including maiden name: _____
7. Your position in the business: MEMBER
(Owner, partner, president, treasurer, manager, etc.)
8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No .

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No .

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

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: 760003 WINE ON SALE
Licensing authority: City of Duluth, St. Louis County, Minnesota
License renewal date: 8/31/16

Personal Information (if applicable)

Applicant's Name: _____
Applicant's Address: _____
Social Security Number: _____

Business Information (if applicable)

Business Name: GANNUCCI'S ITALIAN MARKET & RESTAURANT LLC
Business Address: 301 N. CENTRAL AVE., 55807
Minnesota Tax Identification Number: 2347217
Federal Tax Identification Number: 47-3426756

If a MN Tax I.D. is not required, please explain:

Signature Wm Callaghan

Date 3-22-16

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
GANNOCCI'S ITALIAN MARKET & RESTAURANT	LC 760003

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
301 N CENTRAL AVE.	DULUTH, MN		55807

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

AUTO OWNERS INSURANCE

WORKERS' COMPENSATION INSURANCE POLICY NO.

08236951

EFFECTIVE DATE

02-26-2016

EXPIRATION DATE

02-26-2017

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

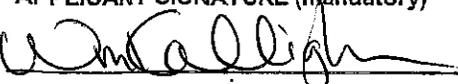
I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
	member	3-22-16

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/21/2016

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).

PRODUCER Lake Superior Agency 217 N 59th Ave W Duluth MN 55807-2412	CONTACT NAME: Shawn Johnson	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 218-624-7730	E-MAIL ADDRESS: shawn@superinsurancemn.com	
INSURED Gannucci's Italian Market & Restaurant LLC 301 N Central Ave Duluth MN 55807-2501	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Owners Insurance Company		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			08224466-15	11/20/2015	11/20/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Liquor Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City Of Duluth 411 W 1st Street Duluth, MN 55802	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. AUTHORIZED REPRESENTATIVE Shawn Johnson
---	--

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**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 3-30-2014
LICENSE # 40

Type in your information by tabbing through the boxes below.
Print all forms, sign and submit to the address listed above.

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$178.00
TOTAL:	\$536.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

Lake Ave Restaurant and Bar
394 S. Lake Ave
Duluth, MN 55802

D/B/A OR TRADE NAME: The Lake Effect Inc.

CELL OR BUSINESS PHONE NO. 2187222355

MANAGER'S NAME & ADDRESS & PHONE #

Derek Snyder 218 721 2034
4728 Norwood st.
Duluth, MN 55804

EVENT LICENSE PERIOD: June 17th and 18th 2016

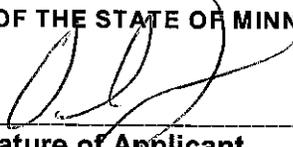
RAIN DATE? YES NO

IF YES, DATE: _____

NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next months meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.
- SECURITY:** Supply information to the License Inspector (218-730-5421).
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184).

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:

Lake Ave Restaurant and Bar
394 S. Lake Ave
Duluth, MN 55802

EMAIL: Derek.duluth@gmail.com

Would you like notifications via email? YES NO



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 3-30-2010
 LICENSE # 40

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	FEE
DANCE (with a liquor license)	SEE BELOW: \$

LICENSEE BUSINESS NAME & ADDRESS
 (Corporation/Individual/Partnership)

Lake Effect Bar
394 S. Lake Ave
Duluth MN 55860

TRADE NAME: Lake Effect

BUSINESS PHONE: 218-722-2351

MANAGER'S NAME/ADDRESS/PHONE NO.

Derek Snyder
4728 Norwood St
Duluth MN 55804

OWNER OF BUSINESS PREMISES:
Derek Snyder

LICENSE PERIOD: June 17+18

1. Annual dance - Sept. 1 - Aug 31st @ \$1,130.00
2. One day/evening per day @ \$119.00 X2
3. Seasonal - May 1 - August 31st @ \$386.00

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

Date of Application _____
License No. _____

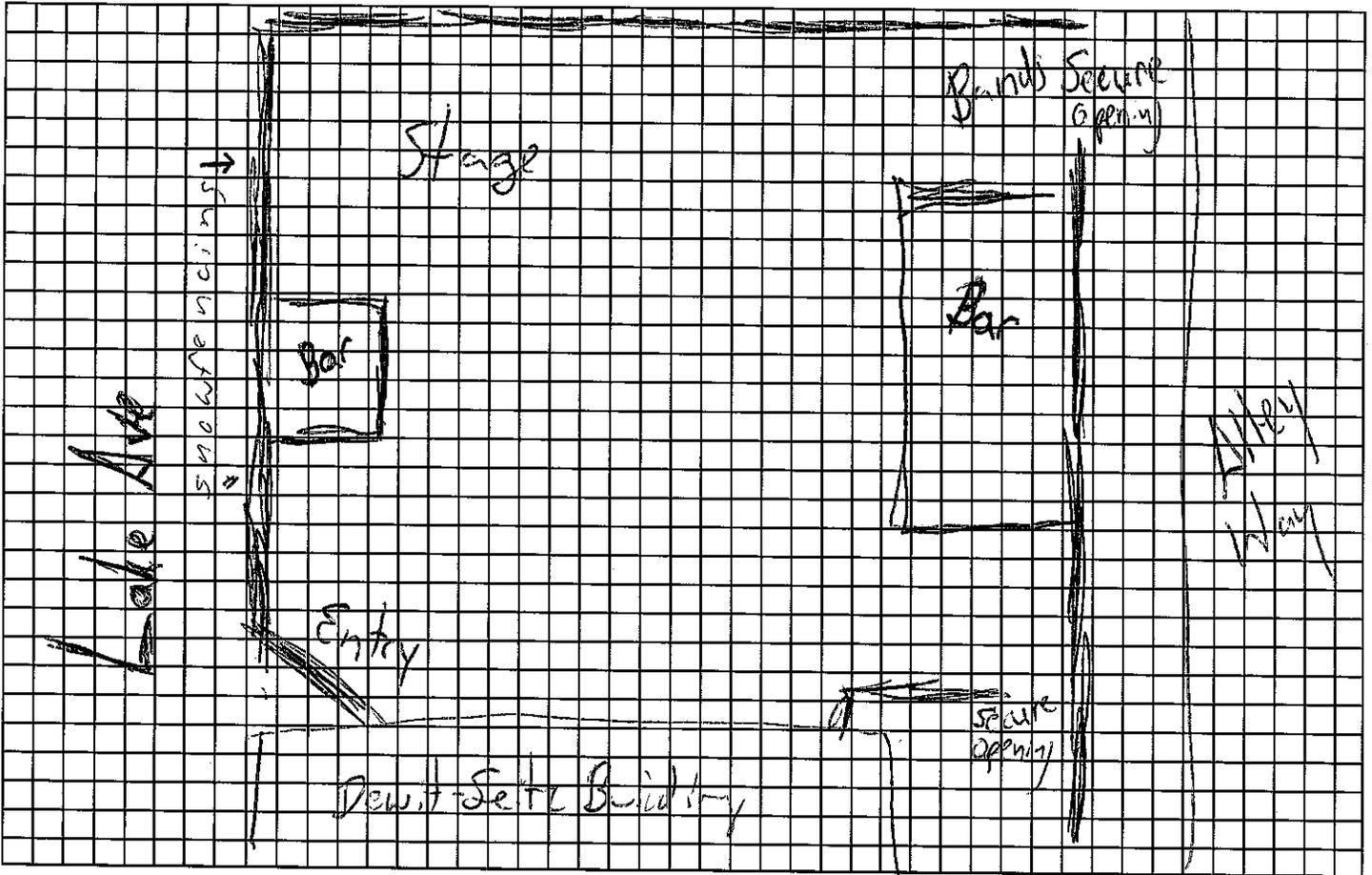
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Derek Snyder (d/b/a) Trade Name: Lake Ave Restaurant and Bar
Date of Event: June 17th and 18th 2016 Address: 394 S. Lake Ave Duluth MN 55802
Name of Event: Lake Ave Live Time of Event: Fri 7-1am, Sat 4-1am
Security Personnel: Duluth Police (Officer Vang) Firm: _____

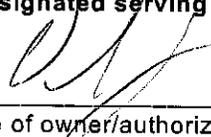
DIAGRAM MUST SHOW:

- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used (snow fence is preferred).
- D. Where the bar will be located in the "serving area."
- E. Exits and entries to and from the "serving area."

Sketch location and dimensions of area to be occupied. Indicate north on diagram as "NORTH."



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of Minnesota and their amendments. I further agree to comply with any special restrictions which may be imposed by resolution of the Duluth City Council and not to allow any services or consumption outside of the approved "designated serving area" identified here.



Signature of owner/authorized representative



CITY OF DULUTH SUPPLEMENTAL FORM

Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

1. Is this the first time for this event? Yes No
If No, how many people attended this event 1200
If Yes, how many people are you expecting to attend? _____

2. What kind of advertisement have you done? _____
All soical media outlets, website, homegrown magazine, posters

3. What is the age of the target group for this event? 21-60

4. Will alcohol be sold or given away at this event? Yes

5. Will dancing be allowed at this event? Yes

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.

Applicant Signature

3/30/16
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

If yes, how many licensed peace officers will be required? _____



City of Duluth
Attorney's Office

411 West First Street • Room 410 • Duluth, Minnesota • 55802-1198
218-730-5490 • Fax: 218-730-5918 • www.duluthmn.gov

An Equal Opportunity Employer

February 26, 2016

Hospitality Associates of Duluth, LLC
d/b/a Aces on First
113 West 1st Street
Duluth, Minnesota 55802

RE: Notice of Hearing
Our File No. 020-AGT-09-7385

Dear Sir/Madam:

Enclosed and served upon you by U.S. mail, please find a Notice of Hearing in the above matter.

Sincerely,

TERRI L. LEHR
Assistant City Attorney

TLL:ac
Enclosures

cc: Jeff Cox, City Clerk

CITY OF DULUTH
ALCOHOL, GAMBLING AND TOBACCO COMMISSION

* * * * *

NOTICE OF HEARING

* * * * *

TO: **HOSPITALITY ASSOCIATES OF DULUTH, LLC, d/b/a Aces on First**, 113
West 1st Street, Duluth, Minnesota 55802

PLEASE BE ADVISED that on **April 6, 2016, at 4:45 p.m.** in the Council Chambers at City Hall in the City of Duluth, the Duluth Alcohol, Gambling and Tobacco Commission will hold a hearing, pursuant to Minnesota Statutes §340A.415 and Section 8-9 of the Duluth City Code, to consider what, if any, disciplinary action, including suspension or revocation or a civil fine of not to exceed \$2,000, will be recommended to the Duluth City Council with respect to your intoxicating liquor license.

If you do not appear at said hearing, the Alcohol, Gambling and Tobacco Commission may, in your absence, recommend that the Duluth City Council consider the allegations contained herein to be true.

At the above-mentioned hearing, you may, at your option, be represented by legal counsel.

The Rules for Contested Case Hearings, Minnesota Rules Chapter 1400, Part 5550, et.seq, to the extent applicable, and Minnesota Statutes §14.57 through §14.69 govern. Copies of these laws and rules may be obtained at the Duluth Public Library or online from the official web site of the State of Minnesota.

The City will present its case, and then you will have an opportunity to present your case. At the time of the hearing, you should be prepared to produce any evidence and arguments you feel are relevant to the issues raised. You or your attorney will be allowed to cross-examine all adverse witnesses. If needed, subpoenas are available (Minnesota Rules 1400.7000).

You must advise the Commission if you seek to admit evidence that is classified not public. If data that is not public is admitted, it may become public. Relief is available under Minnesota Statutes §14.60, subd. 2. If an interpreter is needed, you must inform the Commission and one will be appointed.

A notice of appearance must be filed with the City Clerk within 20 days of the date of service of the notice of hearing if you intend to appear at the hearing unless the hearing date is less than 20 days from the issuance of the notice of hearing.

The person representing the City, who you should contact to discuss settlement or other concerns is Terri L. Lehr, Assistant City Attorney.

The hearing will be open to the public.

The following facts give rise to the inquiry and hearing mentioned above:

COUNT I. UNLICENSED SALE OF ALCOHOL

1. HOSPITALITY ASSOCIATES OF DULUTH, LLC, d/b/a Aces on First, is licensed by the City of Duluth to sell intoxicating liquor “on-sale” at the premises located at 113 West 1st Street, Duluth, Minnesota 55802.
2. In July of 2015, Licensee applied for renewal of its license for the period beginning September 1, 2015. At the time of its renewal application, Licensee was ineligible for a license due to an overdue liability it owed to the State of Minnesota. By letter dated August 7, 2015, the city of Duluth advised Licensee that the City would be unable to issue a liquor license to Licensee for the time period beginning September 1, 2015 until it received a Clearance Certificate from the State of Minnesota. *See City Doc. No. 1 (August 7, 2015 letter from M. Alison Lutterman with attached August 5, 2015 letter from MN Commissioner of Revenue).*
3. The August 7, 2015 letter to the Licensee also cautioned Licensee that:

To be clear: Hospitality Associates of Duluth, LLC will be unable to operate Aces as a liquor establishment or dance establishment, or have alcohol on its commercial premises after August 31, 2015 (i.e. 12:00 a.m. September 1, 2015) unless the City has issued licenses for the period beginning September 1, 2015.

4. The State of Minnesota did not issue Licensee a Clearance Certificate until September 8, 2015. *See City Doc. No. 2 (Clearance Certificate)*. The City Clerk's office received a copy of the Clearance Certificate on September 9, 2015 and issued the liquor license to Licensee on this date. *See City Doc. No. 3 (September 9, 2015 email communication between City Clerk's Office and MDOR)*.
5. On September 4, 2015, Officer Huot of the Duluth Police Department visited the Licensee's establishment and observed bartenders serving alcohol to patrons. As a result, Licensee was issued a citation for sale of alcohol without a liquor license in violation of Duluth City Code Section 8-21. *See City Doc. No. 4 (Duluth Police Department Report, ICR# 15198250) and City Doc. No. 5 (Citation Number LP11 003411)*. A copy of Duluth City Code Section 8-21 is attached as City Doc. No. 6.
6. Licensee appealed the citation for sale of alcohol without a liquor license. Following a hearing held on November 30, 2015, the Hearing Officer concluded that Licensee was selling alcoholic beverages without a liquor license or Certificate of Clearance on September 4, 2015 in violation of Duluth City Code Section 8-21. *See City Doc. No. 7 (Hearing Officer's Decision)*. Licensee paid the associated fine of \$200.00 on January 20, 2016. *See City Doc. No. 8 (Receipt for \$200 payment)*.
7. Section 8-9(b)(1) provides that violation of any law relating to the operation of a liquor establishment, including but not limited to, state, federal and local laws on liquor, shall be deemed good cause for suspension or revocation of a liquor license.

COUNT II. LICENSE FEES

8. Licensee has opted to pay its liquor license fee on a quarterly basis. The quarterly due dates are: July 15 (1st qtr.), October 15 (2nd qtr.), January 15 (3rd qtr.), and April 15 (4th qtr.).
9. Licensee submitted to the City Clerk's Office, check number 13907 dated January 5, 2016 in the amount of \$1,040.25 as its payment toward its quarterly license fee. The check was returned by the bank on February 5, 2016 for Non-Sufficient Funds ("NSF"). *See City Doc. No. 9 (Copy of check number 13907); City Doc. No. 10 (Receipt for NSF Check); and City Doc. No. 11 (Wells Fargo Bank Document)*.

10. In response, the city's Credit and Collections Administrator, Ruthann Grace, sent Licensee a letter dated February 9, 2016 advising Licensee that the check was returned NSF and that the amount now due the city including the Returned Check Penalty was \$1,070.25. This letter requested a response by February 19, 2016 to avoid placement of the matter with a collection agency. This letter further cautioned that failure to pay license fees was deemed good cause for suspension or revocation of a liquor license. *See City Doc. No. 12 (2-9-2016 letter).*
11. Licensee did not respond to Ms. Grace as requested. On February 23, 2016, Ms. Grace sent Licensee a letter advising that the City of Duluth filed a claim for Revenue Recapture with the Minnesota Department of Revenue. This letter again cautioned Licensee that failure to pay license fees was deemed good cause for suspension or revocation of a liquor license. *See City Doc. No. 13 (2-23-2016 letter).*
12. Section 8-9(b)(3) of the Duluth City Code provides that failure to pay license fees shall be deemed good cause for suspension or revocation of a liquor license.
13. Licensee currently has another disciplinary matter pending with the Alcohol, Gambling and Tobacco Commission, which matter is scheduled to be heard on March 2, 2016.
14. Licensee was previously before this Commission on July 2, 2014 to respond to allegations that Licensee provided alcohol to Dukes Partners, LLC d/b/a Spurs on 1st during a time that Dukes Partners, LLC was posted on the Minnesota Department of Revenue tax delinquent liquor posting list. This Commission concluded that a violation had occurred and recommended a reduced civil penalty of \$250.00. The Duluth City Council imposed the \$250.00 civil penalty on August 25, 2014, via resolution number 14-0442R.
15. Section 8-9(c) provides that:

Absent aggravating or mitigating circumstances, the presumptive penalties for violations shall be as follows: (1) First offense - a civil penalty set in accordance with Section 31-8 of this Code; (2) Second offense within one year of the occurrence of the first offense - a civil penalty set in accordance with Section 31-8 of this Code and one day license suspension;

(3) Third offense within two years of the occurrence of the first offense - a civil penalty set in accordance with Section 31-8 of this Code and five day license suspension; (4) Fourth offense within three years of the occurrence of the first offense - a civil penalty set in accordance with Section 31-8 of this Code and 30 day license suspension; (5) Fifth offense within four years of the occurrence of the first offense - license revocation.

16. Section 8-9(c) provides that "No portion of the payment of a civil penalty or period of suspension may be stayed or excused. All civil penalties are due and payable within 30 days of council action. The council shall determine the dates any suspension shall be served, but in no event may the suspension period commence earlier than ten days after council action."

Pursuant to Duluth City Code Sections 8-9(a) and (b) the Alcohol, Tobacco and Gambling Commission will consider whether the violation(s) alleged are good cause for suspension or revocation of the liquor license or for the imposition of a civil penalty.

(Records supporting this Notice are attached as City Document Numbers 1-13.)

Dated: 2/25/16

JEFFREY J. COX, Secretary
Alcohol, Gambling and Tobacco Commission

and



TERRI L. LEHR, (0191668)
Assistant City Attorney

Gunnar B. Johnson, City Attorney
Attorneys for the Alcohol, Gambling and
Tobacco Commission



City of Duluth
Attorney's Office

411 West First Street • Room 410 • Duluth, Minnesota • 55802-1198
218-730-5490 • Fax: 218-730-5918 • www.duluthmn.gov

An Equal Opportunity Employer

August 7, 2015

Hospitality Associates of Duluth, LLC
d/b/a Aces on First
Attn: Nicholas Patronas
220 W. Superior St.
Duluth, MN 55802

RE: License Renewal for Aces on First

Dear Mr. Patronas:

Hospitality Associates of Duluth, LLC d/b/a Aces on First ("Aces") has applied to the city of Duluth ("City") for renewal of the on-sale intoxicating, dance and late night licenses. The current period of licensure end on August 31, 2015. Aces seeks renewal of these licenses for the period beginning September 1, 2015. The purpose of this letter is to inform you that the City will be unable to issue licenses to Aces for the period beginning September 1, 2015 unless the State of Minnesota ("State") issues a clearance certificate, and all City conditions for licensure are satisfied. Enclosed please find the notice from the State regarding this issue. As a result of the State's action, the resolution that will be presented to city council will include as an additional condition of licensure, and in addition to the conditions the City requires of all licensees, receipt from the State of a clearance letter.

To be clear: Hospitality Associates of Duluth, LLC will be unable to operate Aces as a liquor establishment or dance establishment, or have alcohol on its commercial premises after August 31, 2015 (i.e. 12:00 a.m. September 1, 2015) unless the City has issued licenses for the period beginning September 1, 2015. The last date for the City to issue the licenses prior to the end of the current license period is August 31, 2015, and the City closes for business at 4:30 p.m. If the city clerk has not issued licenses by 4:30 p.m. on August 31st, Spurs must close no later than midnight on August 31st.

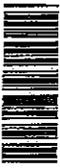
Sincerely,

M. Alison Lutterman
Deputy City Attorney

cc: Jeff Cox, City Clerk
Cha Vang, Licensing Officer
Michael McManus, State of Minnesota

City Doc. No. 1

Citizens and Government working together to provide an environment in which
our community can enhance its quality of life and continue to prosper



MINNESOTA REVENUE

August 5, 2015

ID: XX-XXX6738

Letter ID: L0767539264

#BWBBMRR
#0000 0076 7539 2646#
ATTN CITY CLERK
CITY OF DULUTH
411 W 1ST ST 330 CITY HALL
DULUTH MN 55802

Subject: Notification of requirement to issue, renew or transfer license

The following taxpayer has an overdue liability:

Debtor name: HOSPITALITY ASSOCIATES OF DULU

Under Minnesota law, you may not issue, renew nor transfer the following license until you receive a clearance certificate from Minnesota Revenue.

License holder: HOSPITALITY ASSOCIATES OF DULUTH LL
License expiration date: August 31, 2015
License type: ON SALE-CITY ISSUED, RETAIL
IDEN number: 20609

Once the delinquency has been resolved, Minnesota Revenue will send you a clearance certificate.

Contact information:

By email: mdor.collection@state.mn.us
By mail: Minnesota Revenue
PO Box 64651
St. Paul, MN 55164-0651
By phone: (651) 556-3003
(800) 657-3909 (toll-free)
By fax: (651) 556-5116

STATE OF MINNESOTA
Commissioner of Revenue

by: *Ron Schwagerl*

MINNESOTA • REVENUE

September 8, 2015

ID: XX-XXX6738
Letter ID: L1507578944

ATTN CITY CLERK
CITY OF DULUTH
411 W 1ST ST RM 330
DULUTH MN 55802-1104

Subject: Clearance certificate

This clearance certificate has been issued for the following license holder under the authority of Minnesota Statutes:

Debtor name: HOSPITALITY ASSOCIATES OF DULUTH
Debtor ID: 38-3736738

License holder: HOSPITALITY ASSOCIATES OF DULUTH LLC
License expiration date: August 31, 2015
License type: ON SALE-CITY ISSUED, RETAIL
License number: 20609

Contact information:

By email: mdor.collection@state.mn.us
By mail: Minnesota Revenue
PO Box 64651
St. Paul, MN 55164-0651
By phone: 651-556-3003
1-800-657-3909 (toll-free)
By fax: 651-556-5116

STATE OF MINNESOTA
Commissioner of Revenue

by: 

[encrypt] RE: Hospitality Associates - Aces

Reply Reply all Forward



Wilmes, Greg (MDOR) <Greg.Wilmes@state.mn.us>
Wed 9/9/2015 2:09 PM

To: Marian Collins <mcollins@DuluthMN.gov>;

1 Attachment

hospitality--
pdf

Marlan,

Thank you for contacting the Minnesota Department of Revenue.

I have attached the clearance certificate for Hospitality Associates of Duluth LLC. It was issued late yesterday.

The information on the DPS liquor site is maintained by the Department of Public Safety not the Department of Revenue. I am not sure about the discrepancy in the dates.

Regards,
Greg Wilmes
Revenue Collections Officer
Minnesota Department of Revenue
Collections Division
Phone: 651-556-3349
Fax: 651-556-5116
email: greg.wilmes@state.mn.us
Website: www.revenue.state.mn.us

This message and any attachments are solely for the intended recipient and may contain non-public/private data. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify me by reply e-mail and immediately and permanently delete this message and any attachments. Thank you.

From: Marian Collins [mailto:mcollins@DuluthMN.gov]
Sent: Wednesday, September 09, 2015 12:11 PM
To: Wilmes, Greg (MDOR)
Subject: Hospitality Associates - Aces

I hate to be a bother but what is the status of Hospitality Associates – Aces?

Nick called me and said he was off the list of tax delinquencies. I checked the web site and it shows that he was removed from the list 9/9/2015.

Odd question as well. The posting I ran at noon today (9/9/2015) says that it "is up to date as of 9/8/2015 at 7:00 pm." but there are several postings with today's date. How does that work?

**Duluth Police Department
Main Office**

Reported Date: 09/04/2015 **Time:** 22:17 **Case No.:** 15198250

Code: **Crime:**

Class: **Occurrence Date:**

Location: 113 W 1ST ST, 1DU, DULUTH, MN, , 55802; ACES ON FIRST, 1DU

NARRATIVE

On 09/04/2015 at 2217 hours Adam Huot/464 (squad 36) created an info call at Aces on 1st, 113 W 1st St, Duluth. The reason I created this informational call was because at 1900 hours that day, 09/04/2015, I was in turnout, which is a time of the day when we first arrive at work at the beginning of our shift and we are given information about previous events and things to look for throughout the shift. During that turnout time, I was advised by my sergeants and my bulletin from Cha Vang, the Licensing Officer for the Duluth Police Department, that the bar, Aces on 1st at 113 W 1st St no longer had a liquor license. We were advised that the license expired on 08/31/2015 and that the business was not to be serving alcohol. We were advised that they could be open but not serving alcohol. This was information I received at 1900 hours that day.

At approximately 2215 hours, I was driving by Aces and noticed that there was a lot of people going in and out of the bar. There were security guards standing out front and I noticed bartenders inside serving. At this time I created the informational call. I walked into the bar and noticed that they were serving alcohol to patrons. I confirmed with one of the bartenders that they were serving alcohol and then spoke with NICK PATRONIS, who is the owner, who was acting as though business was normal.

I cleared for a while and confirmed with my Lt, Lt. Jazdzewski as well as my Sgt, Sgt. Jim Lesar what I needed to do. They advised that I was to do an informational report regarding this matter and forward it to Investigator Vang for further review.

I later returned back to Ace's at 0009 hours on 09/05/2015 and spoke with PATRONIS. He said he paid his license earlier in the day on 09/04/2015. He got an email from the

state with verification from the bank that his money transfer went from his bank to the State's bank and that the license was paid in full.

This report will go to Investigator Vang for follow-up if needed.

**CITY OF DULUTH
CITY ORDINANCE VIOLATION**

This Citation charges you with a violation
of a Duluth City Ordinance.

For more information, see the reverse side of this ticket.

ICR Number 15-198250	Date/Time Issued 9-10-15 @ 1156
Alleged Violator's Name Hospitality Assoc of Duluth LLC	
Address 220 W. Superior St Duluth, MN. 55802	
DOB	Phone Number

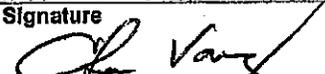
Vehicle Information		
License No.	State	Reg. Expires
Vehicle Make	Model	Color

Violation Information	
Date of Violation 9-1-15	Time of Violation 2217

Location
113 W. 1st Duluth, MN.

Charge Unlicensed Sale	Ordinance No. 8-21
----------------------------------	------------------------------

Description:
Ace's liquor license was not issued due to needing a clearance letter from state but serv

Officer Signature


Officer Name (Print) Cha Vang	Badge No. 375
---	-------------------------

Served: In person By mail Positively Identified

Date Due: 9-21-2015	Minimum Fine Amount Due: <input type="checkbox"/> \$50.00 <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> \$400.00
-------------------------------	---

Ticket Number: **LP11 003411**

Sec. 8-21. Unlicensed sale, manufacture, etc., prohibited; exceptions.

No person, directly or indirectly, upon any pretense or by any device, shall manufacture, import, sell, exchange, barter, dispose of or keep for sale any alcoholic beverages without first having obtained a license therefor as prescribed in this Chapter; provided, that this Section shall not apply to manufacturers and wholesalers licensed by the liquor control commissioner of the state. Nothing in this Section shall prohibit the natural fermentation of fruit juices in the home for family use or the fermentation of malt beverages in the home if not prohibited or taxed by state or federal law. (Ord. No. 6830, 3-6-1950, § 35; Ord. No. 8645, 10-4-1982, § 10.)

STATE OF MINNESOTA

CITY OF DULUTH

COUNTY OF ST. LOUIS

ADMINISTRATIVE COURT

City of Duluth, a municipal corporation,

Respondent,

vs.

HEARING OFFICER'S DECISION

Hospitality Associates of Duluth, LLC,

Appellant,

CHARGE:

ORDINANCE NO.:

VIOLATION DATE:

(1) Unlicensed sale.

8-21

9/4/2015

The undersigned hearing officer received testimony regarding this matter at a hearing held at 411 West First Street, Duluth, Minnesota 55802 on November 30, 2015. Based on this testimony and all of the evidence presented, the hearing officer determines the following:

FINDINGS OF FACT

1. Appellant Hospitality Associates of Duluth, LLC ("Appellant") operates a bar called "Aces on First" located at 113 West First Street in Duluth (the "Establishment").
2. By letter dated August 7, 2015 from M. Alison Lutterman (Exhibit A attached) to Mr. Nicholas Patronas, owner of Appellant, Ms. Lutterman advised Mr. Patronas that Appellant would be unable to operate as a liquor establishment or dance establishment, or have alcohol on its commercial premises after August 31, 2015 unless the State of Minnesota issued a Clearance Certificate for the period beginning September 1, 2015.
3. The State of Minnesota Certificate of Clearance (Exhibit B attached) is dated September 8, 2015.
4. On September 4, 2015, Officer Adam Huot of the City of Duluth Police Department, visited the Establishment and noticed bartenders inside serving alcohol to patrons. He confirmed this by speaking to a bartender.

5. On September 4, 2015 the State of Minnesota had not yet issued a Certificate of Clearance and the City of Duluth had not yet issued a liquor license to Appellant.
6. Section 8-21 of the Duluth City Code requires that before alcoholic beverages can be sold, the Seller must first obtain a license.
7. Mr. Patronas testified that on September 4, 2015 he did not have a Certificate of Clearance from the State of Minnesota or a license to sell alcoholic beverages from the City of Duluth.
8. Mr. Patronas further testified that he had spoken to someone at the City of Duluth on August 24, 2015 who told him that if he received an okay from the State of Minnesota to open the Establishment, that it was also okay with the City of Duluth.
9. Mr. Patronas testified that he spoke with a person with the first name of Greg on September 4, 2015 with the State of Minnesota who said his check for taxes had cleared and he was good to go. Mr. Patronas further testified that he asked this "Greg" to inform the City of Duluth but that this person never did.
10. Mr. Patronas presented no corroborating testimony from the State of Minnesota or City of Duluth to substantiate his own testimony.
11. As to the charge: Violation occurred.

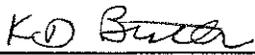
CONCLUSIONS OF LAW

1. On September 4, 2015 Appellant was selling alcoholic beverages without a liquor license or Certificate of Clearance in violation of Duluth City Code Section 8-21.
2. While hearsay evidence is admissible in these proceedings, the Appellant's defense cannot be solely based on hearsay testimony without some corroboratory evidence.
3. In this case there was none and Mr. Patronas testified that he had neither a Certificate of Clearance from the State or Minnesota or a liquor license issued to Appellant by the City of Duluth on September 4, 2015.

BASED UPON THE FOREGOING, IT IS HEREBY ORDERED THAT:

1. Appellant shall pay a fine of \$200.00 to the City of Duluth within thirty (30) days of the date of this Ordinance.

Dated: November 30, 2015.



Kenneth D. Butler, Hearing Officer



City of Duluth
Attorney's Office

EXHIBIT A

411 West First Street • Room 410 • Duluth, Minnesota • 55802-1198
218-780-6490 • Fax: 218-780-8818 • www.duluthmn.gov

An Equal Opportunity Employer

August 7, 2015

Hospitality Associates of Duluth, LLC
d/b/a Aces on First
Attn: Nicholas Patronas
220 W. Superior St.
Duluth, MN 55802

RE: License Renewal for Aces on First

Dear Mr. Patronas:

Hospitality Associates of Duluth, LLC d/b/a Aces on First ("Aces") has applied to the city of Duluth ("City") for renewal of the on-sale intoxicating, dance and late night licenses. The current period of licensure end on August 31, 2015. Aces seeks renewal of these licenses for the period beginning September 1, 2015. The purpose of this letter is to inform you that the City will be unable to issue licenses to Aces for the period beginning September 1, 2015 unless the State of Minnesota ("State") issues a clearance certificate, and all City conditions for licensure are satisfied. Enclosed please find the notice from the State regarding this issue. As a result of the State's action, the resolution that will be presented to city council will include as an additional condition of licensure, and in addition to the conditions the City requires of all licensees, receipt from the State of a clearance letter:

To be clear: Hospitality Associates of Duluth, LLC will be unable to operate Aces as a liquor establishment or dance establishment, or have alcohol on its commercial premises after August 31, 2015 (i.e. 12:00 a.m. September 1, 2015) unless the City has issued licenses for the period beginning September 1, 2015. The last date for the City to issue the licenses prior to the end of the current license period is August 31, 2015, and the City closes for business at 4:30 p.m. If the city clerk has not issued licenses by 4:30 p.m. on August 31st, Spurs must close no later than midnight on August 31st.

Sincerely,

M. Alison Lutterman
Deputy City Attorney

cc: Jeff Cox, City Clerk
Cha Vang, Licensing Officer
Michael McManus, State of Minnesota

Citizens and Government working together to provide an environment in which
our community can enhance its quality of life and continue to prosper

MINNESOTA - REVENUE

September 8, 2015

ID: XX-XXX6738

Letter ID: L1507578944

EX -B

ATTN CITY CLERK
CITY OF DULUTH
411 W 1ST ST RM 330
DULUTH MN 55802-1104

Subject: Clearance certificate

This clearance certificate has been issued for the following license holder under the authority of Minnesota Statutes:

Debtor name: HOSPITALITY ASSOCIATES OF DULUTH
Debtor ID: 38-3736738

License holder: HOSPITALITY ASSOCIATES OF DULUTH LLC
License expiration date: August 31, 2015
License type: ON SALE-CITY ISSUED, RETAIL
License number: 20609

Contact information:

By email: mdor.collection@state.mn.us
By mail: Minnesota Revenue
PO Box 64651
St. Paul, MN 55164-0651
By phone: 651-556-3003
1-800-657-3909 (toll-free)
By fax: 651-556-5116

STATE OF MINNESOTA
Commissioner of Revenue

by: 

City of Duluth
 Treasurer's Office
 105 City Hall
 Duluth, MN 55802
 (218) 730-5350

RECEIPT

RECEIPT DATE 1/20/2016	RECEIVED FROM Nick Patronas	RECEIPT No. 2016-00016434
COLLECTION STATION Clerks 1	CHECK No. 219	CASHIER Roberta Pirkola
PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
4472-01 Clerk	110-125-1214-4472-01 Administrative Fines Administrative Fines 200.00	\$200.00
Total Cash 0.00 Total Check 200.00 Total Charge 0.00 Total Other 0.00 Total Remitted 200.00 Change 0.00 Total Received 200.00		
Total Amount:		\$200.00

OWNER INFORMATION

Name: _____
 Address: _____

City Doc. No. 8

Tax Parcel No:

THIS IS NOT A PERMIT

01/29/2016
3332711208

This is a LEGAL COPY
of your check. You can
use it the same way
you would use the
original check.

RETURN REASON - A
NOT SUFFICIENT
FUNDS

000001882401201
10102/02/10 192501221
112210278101202016

13907

1/5/2018

\$ 1,040.25

DOLLARS

MEMO

City Clerk's Office
330 City Hall, 411 West 1st St.
Duluth, MN 55802

One Thousand Forty and 25/100

City Clerk's Office
330 City Hall, 411 West 1st St.
Duluth, MN 55802

AUTHORIZED SIGNATURE

WESTERN NATIONAL BANK
DULUTH, MINNESOTA 55802
75-8919

HOSPITALITY ASSOCIATES OF DULUTH LL
D.B.A. ACES ON FIRST
113 WEST FIRST STREET
DULUTH, MN 55802

ACES
ON FIRST

PAY TO THE
ORDER OF City Clerk's Office

⑈013907⑈ ⑈091900067⑈ ⑈3058914⑈

⑈013907⑈

⑈091900067⑈

⑈3058914⑈

⑈0000104025⑈

W91R1229 004435 029210135323 NNNNNN NNNNNN NNNNNN 000002 C999R12TA 018139

DESCRIPTION NSF Check # 13907

PAYMENT DATE
 2/5/2016

RECEIVED FROM
 Hospitality Associates of Duluth NSF

RECEIPT NO.
 2016-00032114

COLLECTION STATION
 Treasurer 2

CASHIER
 Leah Blevins

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
1307 Treasurer	110-1010 Operating Cash 1,040.25	1,040.25
Total Cash 0.00 Total Check 0.00 Total Charge 0.00 Total Other 1,040.25 Total Remitted 1,040.25 Change 0.00 Total Received 1,040.25		
Total Amount:		\$1,040.25

1002

WELLS FARGO BANK N.A.
P.O. BOX B 514
MINNEAPOLIS, MN 55479

300



004435 W9TR1229
CITY OF DULUTH
CITY TREASURER
411 W. 1ST STREET, 105 CITY HALL
DULUTH MN 55802

ITEMS ENCLOSED: 1

PAGE 1 OF 1 ACCOUNT CHARGED XXXXXX0172 DATE: 01-29-2016

MAKER	REASON FOR NON-PAYMENT	SEQUENCE #	AMOUNT
DEPOSITORY ACCOUNT NUMBER: XXXXXX0172			
LOCATION (STORE) NUMBER: 9999999999			
YOUR ACCOUNT HAS BEEN CHARGED FOR THE FOLLOWING PAPER ITEM(S) RETURNED UNPAID.			
HOSPITAITY ASSOICATES	NSF 2nd Time	3332711208	1,040.25
TOTAL CHARGES FOR PAPER RETURNS			1,040.25

TOTAL CHARGES FOR PAPER RETURNS

1,040.25

City Doc. No. 11

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL THE PHONE NUMBER THAT IS LISTED ON YOUR BANK STATEMENT.

W9TR1229 004435 0292 10135323 NNNNN NNNNN NNNNN NNNNN 000001 019137



Treasurer's Office

411 West First Street • Duluth, Minnesota • 55802-1190
Telephone: 218-730-5350 • Fax: 218-730-5917 • www.duluthmn.gov

An Equal Opportunity Employer

Hospitality Associates of Duluth LLC dba: Aces on First
Attn: Nick Patronas
220 West Superior Street
Duluth MN 55802

February 9th, 2016

Re: Non-Sufficient Funds
Check #: 13907
Paying: 2016 Quarterly Liquor License Fee
Total Returned: \$1,040.25
Total Due: \$1,070.25

Check number 13907 dated January 5th, 2016 issued by Hospitality Associates of Duluth LLC dba: Aces on First in the amount of \$1,040.25 paying 2016 quarterly liquor license fees was returned by the bank Non-Sufficient Funds. Amount now due with Late Fee and Returned Check Penalty is **\$1,070.25**.

Payment of **\$1,070.25** via **certified funds** must be received by **February 19th, 2016** to avoid possible placement with a collection agency or other possible collection remedies. Please be advised the collection agency may report the debt to the credit bureaus which may affect your credit.

Also be advised per City Ordinance Chapter 8, Section 8-9, actions deemed good cause for suspension or revocation of a liquor license include:

'The establishment has failed to pay license fees or city or state sales tax or that property taxes on the building have not been paid.'

Appropriate parties within the city have been notified of the returned item and the terms put forth in this letter.

Send payment to: **City of Duluth Treasurer, 411 West 1st Street, Room 105, Duluth MN 55802**

Should you have questions or need payment arrangements please contact me no later than February 19th, 2016. Contact information is below.

Sincerely,

Ruthann Grace
Administrator Credit/Collections
Email: rgrace@duluthmn.gov Phone (218) 730-5047



CITY OF DULUTH

411 West First Street • Duluth, Minnesota 55802

2/23/2016

Nick Patronas
220 West Superior Street
Duluth MN 55802

Notice of Filing of Claim Pursuant to the Revenue Recapture Act (M.S. 270A.01 to 270A.12)

Re:	Type of Debt:	Returned Check
	Account Number:	13907
	Invoice Number:	2016 Quarterly Liquor License Payment
	Date of Debt:	1/5/2016
	Balance Due:	\$1,070.25

Notice is hereby given that the City of Duluth (hereinafter "City") has filed a claim for Revenue Recapture with the Minnesota Department of Revenue. The basis for said claim is the unpaid amounts due on the above-referenced account. The City intends to request setoff of refunds against the debt, unless the time period allowed by law for collecting the debt has expired.

You have the right to contest the validity of the City's claim at a hearing. In order to do so, you must submit a written via email to:

collections@duluthmn.gov

Your request must be received within **forty-five (45)** days of receipt of this Notice. If you contest the validity of the claim, a hearing will be held within 30 days. Failure to contest the validity of the City's claim will constitute a ratification of the amounts due. If you have further questions with regard to this matter please call **218-730-5047**.

Payment should be made at or sent to: City of Duluth Treasurer, 411 W 1st Street, Room 105, Duluth MN 55802. Please present or enclose this letter with payment.

Please note per City Ordinance Chapter 8, Section 8-9, actions deemed good cause for suspension or revocation of a liquor license include:

'The establishment has failed to pay license fees or city or state sales tax or that property taxes on the building have not been paid.'

Appropriate parties with the City have been notified of this action.

THIS LETTER AND RELATED COMMUNICATION ARE ATTEMPTS TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

