

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

August 3, 2016

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

ROLL CALL: Dennis Birchland, Bjorn Braaten, Lon Hanson, Adam Wisocki,
Ryan Stauber, President Jeff Rosenthal

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

COMMUNICATIONS: Attorney Memo – Liquor Law Update

LAWFUL GAMBLING:

NEW BUSINESS:

AMITY COFFEE, LLC., (AMITY COFFEE) 4429 EAST SUPERIOR STREET, -
APPLICATION FOR AN ON SALE WINE LICENSE WITH PATTI SWANK, 50%
OWNER AND ADAM SWANK, 50% OWNER, FOR PERIOD BEGINNING
SEPTEMBER 1, 2016, ENDING AUGUST 31, 2017.

AMITY COFFEE, LLC., (AMITY COFFEE) 4429 EAST SUPERIOR STREET, -
APPLICATION FOR AN ON SALE 3.2 % MALT LIQUOR LICENSE WITH PATTI
SWANK, 50% OWNER, AND ADAM SWANK 50% OWNER, FOR PERIOD ENDING
APRIL 30, 2017.

**BLACKLIST BEER, LLC. (BLACKLIST ARTISAN ALES LLC) 120 EAST SUPERIOR
STREET** – APPLICATION FOR A BREWERY MALT LIQUOR OFF SALE (GROWLER)
LICENSE. JON LOSS, 25% OWNER, TJ ESTABROOK 50% OWNER, AND BRIAN
SCHANZENBACH 25% OWNER, FOR PERIOD ENDING AUGUST 31, 2017.

**BLACKLIST BEER, LLC. (BLACKLIST ARTISAN ALES LLC) 120 EAST SUPERIOR
STREET** – APPLICATION FOR A BREWERY MALT LIQUOR ON SALE (TAPROOM)

LICENSE. JON LOSS, 25% OWNER, TJ ESTABROOK 50% OWNER, AND BRIAN SCHANZENBACH 25% OWNER, FOR PERIOD ENDING AUGUST 31, 2017.

BLACKLIST BEER, LLC. (BLACKLIST ARTISAN ALES LLC) 120 EAST SUPERIOR STREET – APPLICATION FOR A SUNDAY (TAPROOM ONLY) LICENSE AND A 2:00 A.M. CLOSING (TAPROOM ONLY) LICENSE, JON LOSS, 25% OWNER, TJ ESTABROOK 50% OWNER, AND BRIAN SCHANZENBACH 25% OWNER, FOR PERIOD ENDING AUGUST 31, 2017.

GRANDMA'S SPORTS BAR & GRILL, INC. (BELLISIO'S ITALIAN RESTAURANT) 405 LAKE AVE SOUTH– APPLICATION FOR A PERMANENT EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE INTOXICATING LIQUOR LICENSE ENDING 8/31/2017.

DULUTH SUPERIOR GLBTAQI PRIDE (DULUTH SUPERIOR PRIDE FESTIVAL) BAYFRONT PARK – APPLICATION FOR TEMPORARY ON-SALE INTOXICATING LIQUOR LICENSE FOR SEPTEMBER 3, 2016, WITH CAROLYN REISBERG, MANAGER.

CAMPANTES, LLC. (AZTECA'S MEXICAN GRILL) 2224 MOUNTAIN SHADOW DRIVE- APPLICATION FOR AN ON-SALE INTOXICATING LIQUOR LICENSE, JENNY DELGADO 50%, AND MARTIN J CHAVEZ 50% FOR THE PERIOD BEGINNING SEPTEMBER 1, 2016 AND ENDING AUGUST 31, 2017.

RENEWAL APPLICATIONS OF THE ON SALE INTOXICATING LIQUOR LICENSES, ON SALE SUNDAY LICENSES, ON SALE DANCING LICENSES, ADDITIONAL BAR LICENSES, AND 2:00 A.M. LICENSES, FOR THE PERIOD BEGINNING SEPTEMBER 1, 2016, AND ENDING AUGUST 31, 2017.

RENEWAL APPLICATIONS OF THE ON SALE WINE LICENSES FOR THE PERIOD BEGINNING SEPTEMBER 1, 2016, AND ENDING AUGUST 31, 2017.

RENEWAL APPLICATIONS OF THE OFF SALE INTOXICATING LIQUOR LICENSES FOR THE PERIOD BEGINNING SEPTEMBER 1, 2016, AND ENDING AUGUST 31, 2017.

RENEWAL APPLICATIONS OF THE ON SALE "CLUB" LIQUOR LICENSES FOR THE PERIOD BEGINNING SEPTEMBER 1, 2016, AND ENDING AUGUST 31, 2017.



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	_____
LICENSE #	_____

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	FEE	
INITIAL INVESTIGATION (Level 4)	\$ 892.00	<i>For Sept 1</i>
	209.00	
TOTAL	\$1101.00	

LICENSEE NAME, ADDRESS, PHONE:
 (Corporation/Individual/Partnership)
 Amity Coffee LLC
 4429 East Superior St.
 Duluth, MN. 55812.55804

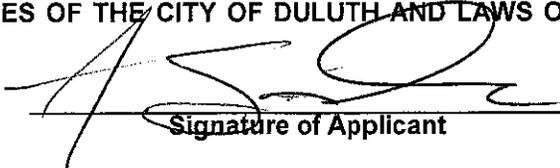
BUSINESS NAME, ADDRESS, PHONE:
 Amity Coffee
 4429 East Superior St.
 Duluth, MN.
 55804

MANAGER'S NAME, ADDRESS, PHONE:
 Pathi Swank
 2416 East 6th Street
 Duluth, MN. 55812

PROPERTY OWNER NAME, ADDRESS, PHONE:
 Larsmont Development
 Frank Holappa
 332 W Superior Street
 Suite 200
 Duluth, MN. 55802

LICENSE PERIOD: Ending 8/31

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



 Signature of Applicant

MAILING ADDRESS
 Adam Swank
 2416 E. 6th Street
 Duluth, MN. 55812

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: Adam Charles Swank
2. Trade Name: Medical Physician
3. Address of place to be licensed: 4429 East Superior Street
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground Floor
5. Name and address of owner of building: Frank Holappa Larsmont Development
 Any connection with applicant? NO Who receives the rent: Frank Holappa
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Patti J. Swank 2416 East 10th Street General Manager +
CAO
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
- NA -
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
- NA -
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
16 blocks East High 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:
- NA -

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

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol Gambling & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: [Signature] Date: June 29, 16
 Signature: Patti J Swank Date: June 29, 16



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 _____	
LICENSE # _____	
Old License ___ Type 11	
New License ___ Type 11-5	

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.

LIQUOR LICENSE APPLICATION

License applied for:	Individual Fees	Indicate below
Investigation fee (one time)	✓ \$ 209.00	\$
On Sale Intoxicating Liquor	✓ 4,173.00	
On Sale Sunday	✓ 178.00	
Dancing	1,130.00	
Additional Bar (each)	571.00	
After Hours Entertainment	262.00	
2:00 A.M. (Issued by the State - see form attached)	N/C	
	TOTAL:	\$ 4560.00

LICENSEE NAME, ADDRESS, & PHONE
 (Individual/corporation/partnership)
Campantes, L.L.C.
211 1st Ave N.
Kelly Lake, MN 55746

BUSINESS NAME, ADDRESS, & PHONE
Azteca's Mexican Grill
2224 Mountain Shadow dr.
Duluth, MN 55811

MANAGER'S NAME, ADDRESS & PHONE NO.
Jenny Delgado
211 1st Ave N.
Kelly Lake, MN 55746

NAME & ADDRESS OF PROPERTY OWNER:
F.I. Salter Company, Inc.
301 W. 1st St., Suite 715
Duluth, MN 55802

LICENSE PERIOD: 9/1 - 8/31

Plat/Parcel: _____

Mailing Address if other than Business Address:

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.

Jenny Delgado
 Signature of Applicant



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: Campantes L.L.C.
2. Trade Name: Aztecas Mexican Grill
3. Address of place to be licensed: 2224 Mountain Shadow dr.
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Name and address of owner of building: F.I. Sulter Company, Inc., 301 W. 1st St. suite 715.
 Any connection with applicant? NO Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
Jenny Delgado, 211 1st Ave W, Kelly Lake, MN, 55746.
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
NO.
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
Jenny Delgado 50%; Martin J. Chavez 50%.
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: [Signature] Date: _____
 Signature: Martin Chavez Date: _____



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 _____

LICENSE # _____

On Sale 4
Off Sale 760130

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.

LICENSE(S) (check applicable)

FEE

- BREWERY MALT LIQUOR OFF SALE (GROWLER) \$ 250.00 ✓
- BREWERY MALT LIQUOR ON SALE (TAPROOM) \$ 300.00 ✓
- SUNDAY (Taproom only) \$ 178.00 ✓
- 2:00 A.M. (Taproom only) NC ✓
- INVESTIGATION FEE (one time) \$ 31.00 ✓

TOTAL \$ **759.00**

LICENSEE NAME, ADDRESS & PHONE
 Individual/Partnership/Corporation
Blacklist Beer, LLC
120 East Superior Street
Duluth, MN 55802

BUSINESS NAME, ADDRESS, & PHONE:
Blacklist Artisan Ales LLC
120 East Superior Street
Duluth, MN 55802

MANAGER'S NAME/ADDR/PHONE NO.
Jon Loss, Owner
120 East Superior Street
Duluth, MN 55802
218 831 2767

Home: 1014 South Lake Ave #2, Duluth, 55802

OWNER OF BUSINESS PREMISES:
Force 1, LLC

For Office Use Only
 Plat/Parcel: _____

LICENSE PERIOD: Ending August 31, 20 ~~16~~ **2017**

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:



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: Blacklist Beer LLC

2. Trade Name: Blacklist Artisan Ales LLC

3. Address of place to be licensed: 120 East Superior Street 55802

4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) basement + first floor

5. Name and address of owner of building: Force 1, LLC, 207 Mesquah Road 55804

Any connection with applicant? No Who receives the rent: Owner, Brian Forcier

6. Who will direct the operation of the business or serve as manager on the premises? List name, ^(name) address & title: Jon Loss, Owner, 1014 S. Lake Ave #2, Duluth, MN 55802

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

TJ Estabrook 50%, Jon Loss 25%, Brian Schanzenbach 25%

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

N/A

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

Downtown Duluth, 3 + 10 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: N/A

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

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol Gambling & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: [Signature]

Date: 6/29/16

Signature: [Signature]

Date: 6/29/16

Signature: [Signature]

Date: 6/29/16



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 7-29-16
 LICENSE # 1100189

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

<u>LICENSE</u>	<u>FEE</u>	<u>TOTAL</u>
TEMPORARY ON SALE LIQUOR 1 st Day	\$298.00	\$
Each additional day ___ x \$148.00 =	\$	\$
LEVEL 1 INVESTIGATION FEE (one time)	\$ 31.00	\$

LICENSEE NAME/ADDRESS/PHONE NO.
Duluth Superior Pride
PO Box 3196
Duluth, MN 55803

TRADE NAME:
Same

BUSINESS
PHONE: 866-865-6652

MANAGER'S NAME & ADDRESS
Carolyn Reisberg
225 Osakis St
Duluth MN 55803
PHONE: 218-349-6246

OWNER OF BUSINESS PREMISES:

LICENSE/EVENT DATE: Sept 3, 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.

Mailing Address:

[Signature]
 Signature of Applicant

Date of Application _____

License No. _____

TEMPORARY ON SALE LIQUOR (GRAPH)

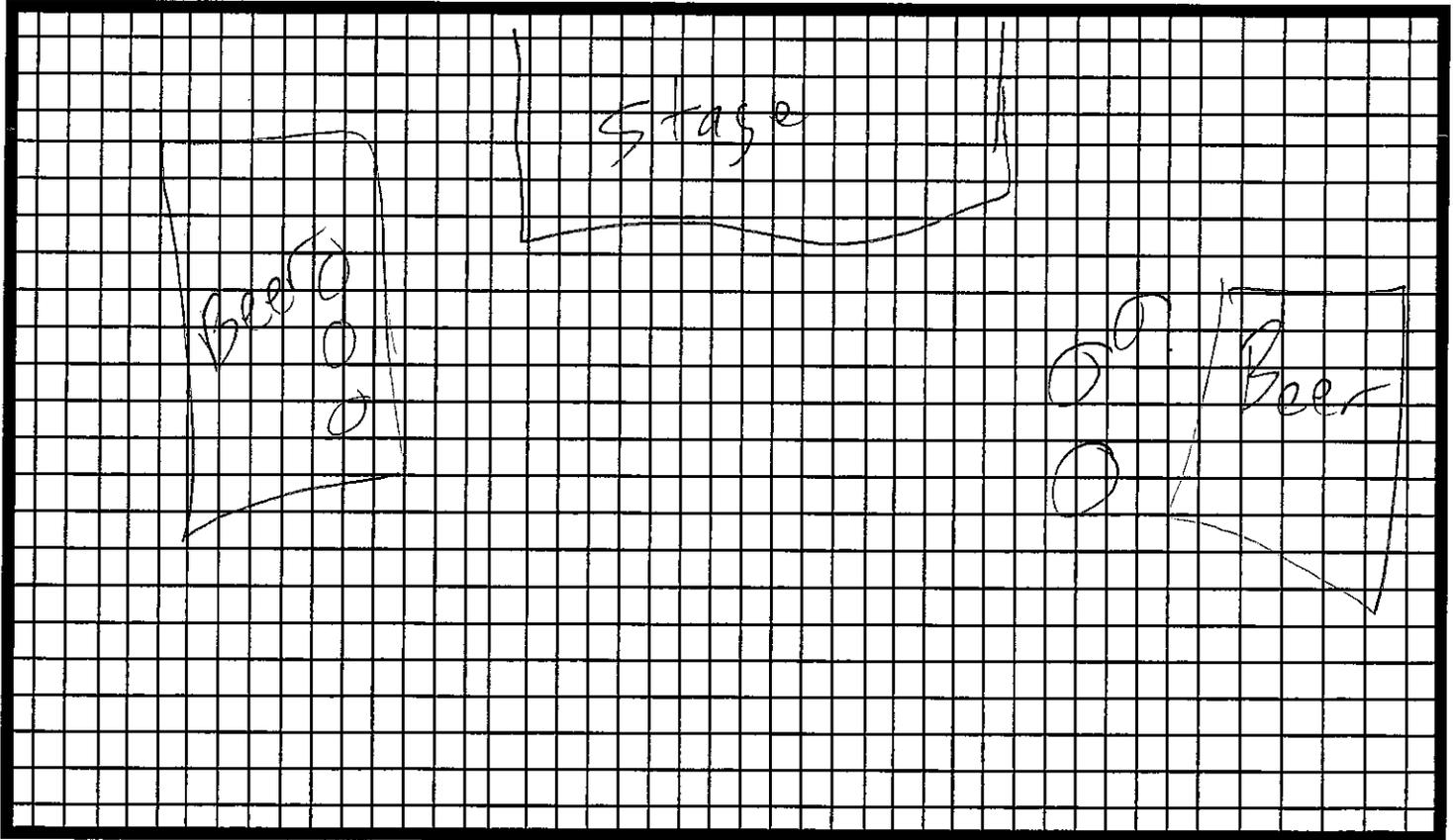
GLBTAQT

*Owner: DS Pride (d/b/a)*Trade Name: Duluth Superior Pride
*Date of Event: 9-3-16 Address: Bay Front Park
*Name of Event: Pride festival *Time of Event: 11 AM
*Security Personnel: Staff/DPD *Firm: _____

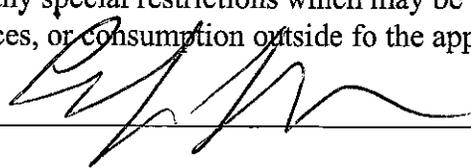
DIAGRAM MUST SHOW:

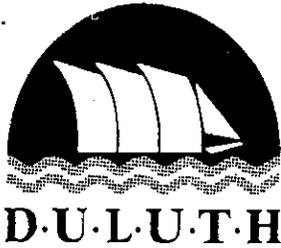
- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used. (Snow fence is preferred.)
- D. Where the bar will be located in the "serving area".
- E. Exits and entries to and from the "serving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

Sketch location and dimensions of area to be occupied. Indicate north on diagram. (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 for the approved "designated serving area" identified here.





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: Duluth Superior GLBTQI Pride
2. Trade Name: same
3. Address of place to be licensed: Bayfront Park
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.): Beer Gardens
5. Name and address of owner of building: City of Duluth
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:
Carolyn Reisberg
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:

9. State approximate distance of this establishment from nearest academy, college, university, church or school:
15 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: 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: [Signature] Date: 7-28-16
Signature: _____ Date: _____



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 2016
 LICENSE # 8

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
"Permanent Expansion" of Designated Serving Area:	\$119.00

Grandma's Sports Bar & Grill, Inc.

LICENSEE NAME & ADDRESS:

Bellissimo's Italian
Restaurant
405 Lake Ave South
Duluth, MN 55802

TRADE NAME:

Bellissimo's Italian Restaurant

BUSINESS PHONE

NO. 218-727-4921

MANAGER'S NAME & ADDRESS

LeeAnn Smith
6 Minneapolis Ave
Duluth, MN 55803

LICENSED PERIOD: ENDING 8/31/

COMMENTS: INCLUDE AN EXPLANATION OF AREA TO BE EXPANDED ON ATTACHED FORM.

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.

MAILING ADDRESS:

 Signature of Applicant

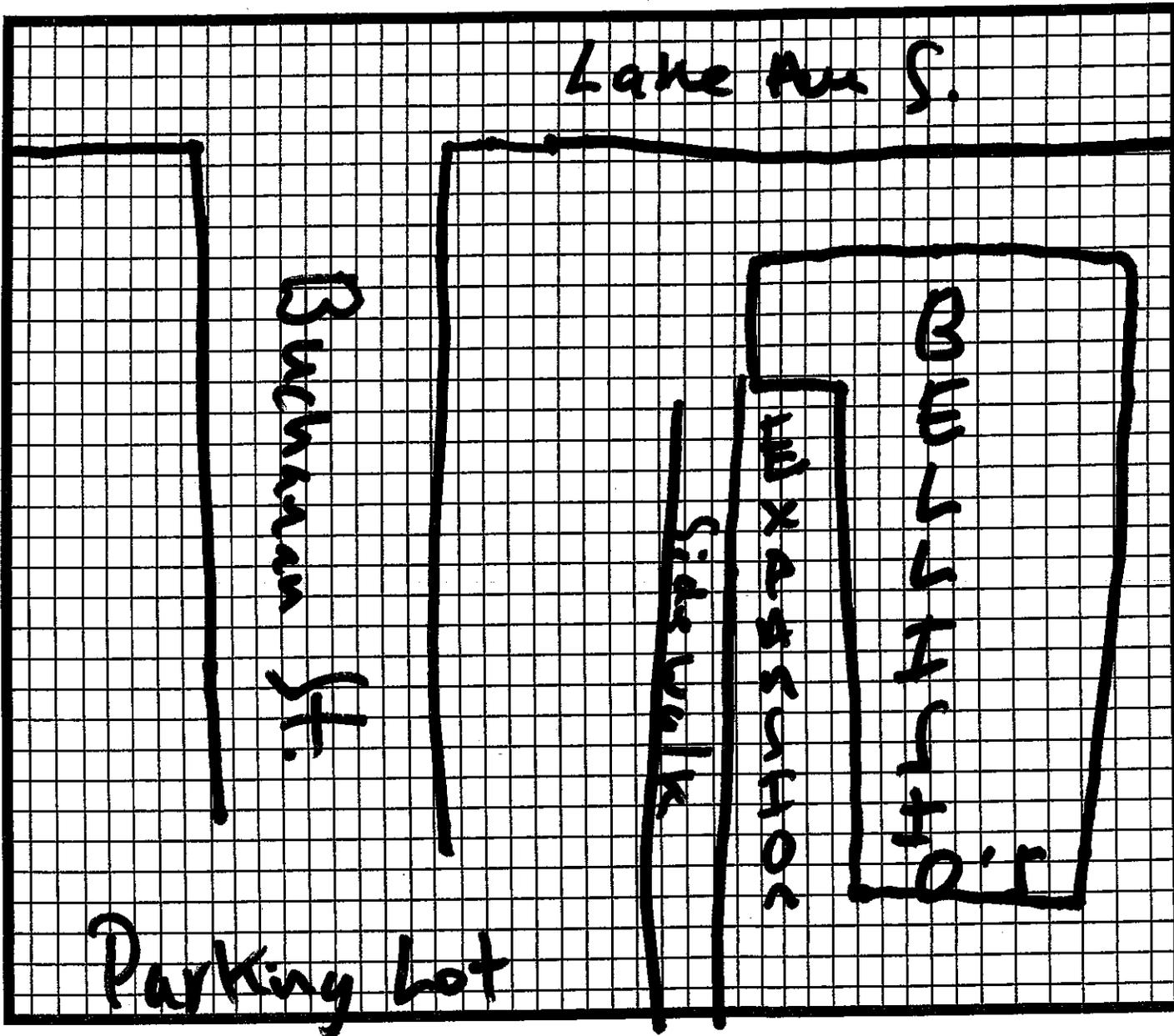
Date of Application: _____

License No. _____

Trade Name: Bellisio's Italian Restaurant

Address: 405 Lake Ave South Duluth, MN 55802

PERMANENT EXPANSION OF LICENSED PREMISES (GRAPH)



Ray Ban

Signature of owner/authorized representative

