



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 FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 14% of alcohol by volume)

Print Form

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_

Licensee's MN sales and Use Tax ID # \_\_\_\_\_ Licensee's Federal Tax ID # \_\_\_\_\_

|                                                                                                       |                                          |                                              |                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|--------------------------------------|
| Applicants Name (Business, Partnerships, Corporation)<br><i>Hummingbird Wine Bar - Bistro, LLC</i>    |                                          | Trade Name or DBA<br><i>Unwined Up North</i> |                                      |
| Business Address<br><i>31 3rd Street<sup>1</sup></i>                                                  |                                          | Business Phone<br><i>218 999-9234</i>        | Applicant's Home Phone<br>[REDACTED] |
| City<br><i>Grand Rapids</i>                                                                           | County<br><i>Hasca</i>                   | State<br><i>MN</i>                           | Zip Code<br><i>55744</i>             |
| Is this application<br><input checked="" type="checkbox"/> New or a <input type="checkbox"/> Transfer | If a transfer, give name of former owner | License Period<br>From _____ To _____        |                                      |

If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

|                                                         |                       |                   |                   |
|---------------------------------------------------------|-----------------------|-------------------|-------------------|
| Partner/Officer Name and title<br><i>Shelley Poulin</i> | Address<br>[REDACTED] | DOB<br>[REDACTED] | SSN<br>[REDACTED] |
| Partner/Officer Name and title<br><i>Jacob Poulin</i>   | Address<br>[REDACTED] | DOB<br>[REDACTED] | SSN<br>[REDACTED] |
| Partner/Officer Name and title                          | Address               | DOB               | SSN               |
| Partner/Officer Name and title                          | Address               | DOB               | SSN               |

**CORPORATIONS**

|                                        |                                     |                    |                                                                                                                            |
|----------------------------------------|-------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------|
| Date of incorporation<br><i>11-183</i> | State of incorporation<br><i>MN</i> | Certificate Number | Is corporation authorized to do business in Minnesota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------|-------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------|

If a subsidiary of another corporation, give name and address of parent corporation  
*NO*

**BUILDING AND RESTAURANT**

|                                                                                                      |                                                                                                                                                   |                                                                                                                     |                                               |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Name of building owner<br><i>Amy Dolan</i>                                                           |                                                                                                                                                   | Owner's address                                                                                                     |                                               |
| Are property taxes delinquent<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restaurant seating capacity<br><i>48</i>                                                                            | Hours food will be available<br><i>11-9PM</i> |
| Number of restaurant employees<br><i>10</i>                                                          | Number of months per year restaurant is open<br><i>12</i>                                                                                         | Will food service be the principal business?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                               |

Describe the premises to be licensed  
*900sq foot Rest.*

If the restaurant is in conjunction with another business (resort etc.), describe business  
*NO*

**NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED**

- Yes  No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes  No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? \_\_\_\_\_  
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes  No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- Yes  No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes  No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

Yes  No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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

11-20-23  
\_\_\_\_\_  
Date

The licensee must have one of the following:

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. Attach "**CERTIFICATE OF INSURANCE**" to this form.

A surety bond from a surety company with minimum coverage as specified above in.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

**IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY**

Yes  No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

\_\_\_\_\_  
Signature County Attorney

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

**REPORT BY POLICE OR 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, Municipal or County ordinances relating to intoxicating liquor, except as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department and Title

\_\_\_\_\_  
Date

**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**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133  
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

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

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

Name of City or County Issuing Liquor License Grand Rapids License Period From: 1.1.2024 To: 12.31.24

Circle One: New License License Transfer \_\_\_\_\_ Suspension \_\_\_\_\_ Revocation \_\_\_\_\_ Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating \_\_\_\_\_ Sunday Liquor \_\_\_\_\_ 3.2% On sale \_\_\_\_\_ 3.2% Off Sale \_\_\_\_\_  
 Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ <sup>100.00</sup> \_\_\_\_\_

Licensee Name: Hummingbird Wine Bar & Bistro LLC DOB 10.12.76 Social Security # \_\_\_\_\_  
(corporation, partnership, I.I.C. or Individual)

Business Trade Name Unwined Up North Business Address 31 3rd Street NE City Grand Rapids

Zip Code 55744 County Hasea Business Phone 218-999-9234 Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City Grand Rapids Licensee's MN Tax ID # \_\_\_\_\_  
(To Apply call 651-201-7504)

Licensee's Federal Tax ID # \_\_\_\_\_  
(To Apply call IRS 800-829-4955)

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

Shelley Kathryn Poulin \_\_\_\_\_  
 Partner/Officer Name (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Jacob Gerard Poulin \_\_\_\_\_  
 (Partner/Officer Name (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Partner/Officer Name (First Middle Last) \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Address \_\_\_\_\_

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

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

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

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

Workers Compensation Insurance Company Name: AM Trust Policy # \_\_\_\_\_

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.  
 City Clerk or County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(title)

**On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**