

Date of Application _____

License No. _____

TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: _____ (d/b/a) Trade Name: _____

Date of Event: _____ Address: _____

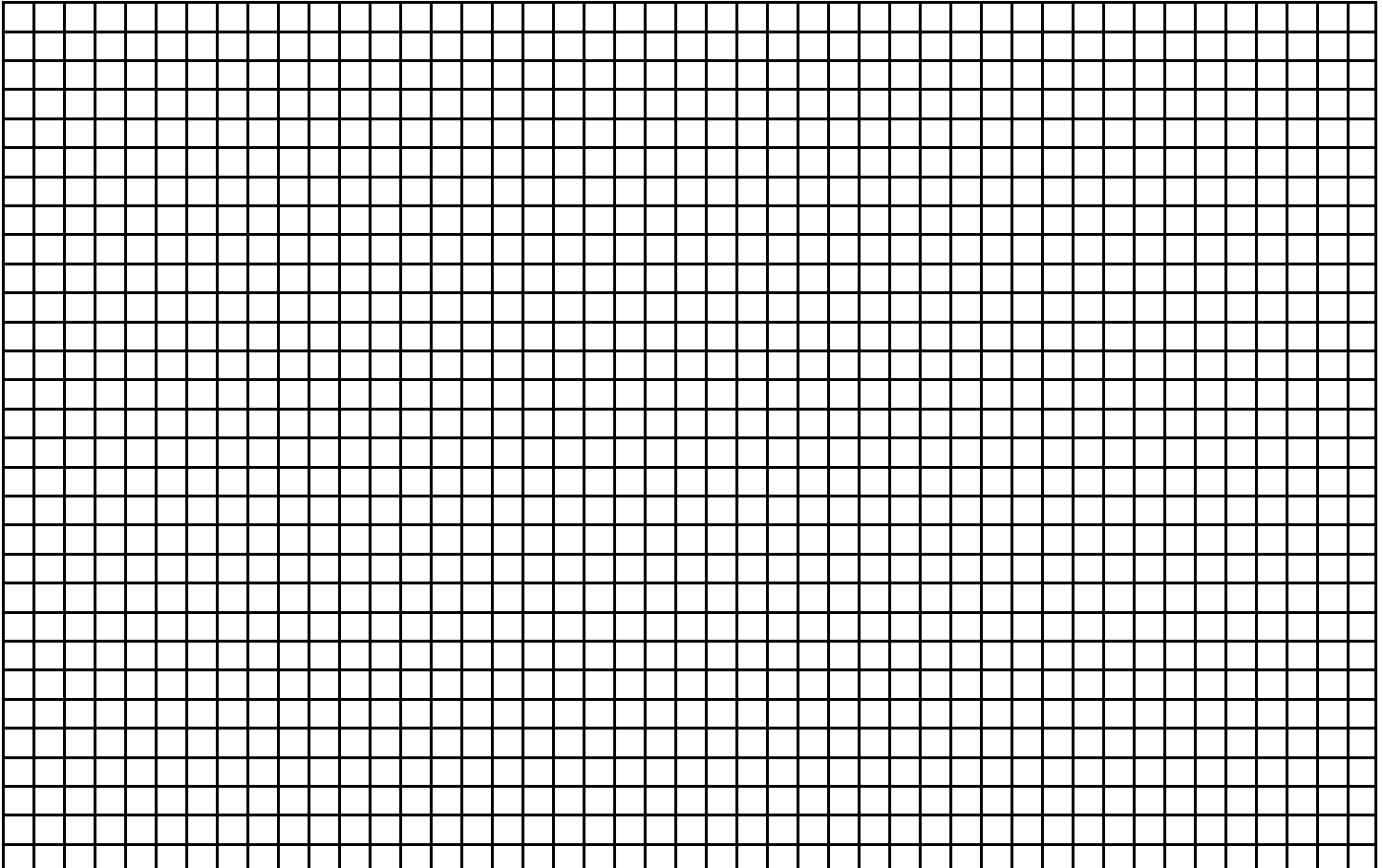
Name of Event: _____ Time of Event: _____

Security Personnel: _____ 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 APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:

2. Trade Name: _____

3. Address of place to be licensed: _____

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) _____

5. Name and address of owner of building: _____

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: _____

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:

9. State approximate distance of this establishment from the 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 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: _____

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

_____ (Individual, Partnership, Corporation or Club)

2. Address of licensed premises _____

3. Your Name _____
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address _____
(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, 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) _____
- (2) _____
- (3) (Bank) _____

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)

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(WITNESS)

(DATE)

(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

**TO: All Temporary 3.2 On Sale Malt Liquor and Temporary On Sale Intoxicating
Liquor Applicants**

**SUBJECT: Minnesota Statutes - 340A.909 - Sale of Minnesota Beer at Public
Facilities.**

Subdivision 1. Minnesota-produced beer, required availability. At any permanent or temporary building or structure owned or operated by the state, a political subdivision, or an instrumentality thereof, where beer is sold for on-premise consumption, the entity owning or operating the building or structure must insure that a Minnesota-produced beer is available for purchase at each station where beer is sold. This section applies to all such permanent or temporary buildings or structures without regard to whether sales of beer are made by the owning or operating government entity or employees thereof or by a person holding a lease or concession contract with the government entity.



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? _____

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

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

5. Will dancing be allowed at this event? _____

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

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

TO: Alcoholic Beverage Licensee

RE: Liquor Liability Insurance Requirements.

Please note that Minnesota Statutes 340A.409 reads in part as follows:

Subd. 1. Insurance required. No retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regard to liability imposed by Section 340A.801. The issuing authority must submit to the commissioner the applicant's proof of financial responsibility.

Subd. 4. Insurance not required. Subdivision 1 does not apply to licensees who by affidavit establish that:

- (1) they are on-sale 3.2 percent malt liquor licensees with sales of less than \$25,000 of 3.2 percent malt liquor for the preceding year;
- (2) they are off-sale 3.2 percent malt liquor licensees with sales of less than \$50,000 of 3.2 percent malt liquor for the preceding year;
- (3) they are holders of on-sale wine licenses with sales of less than \$25,000 for wine for the preceding year;
- (4) they are holders of temporary wine licenses issued under law...

AFFIDAVIT OF SALES FOR EXEMPTION OF THE REQUIREMENT OF LIQUOR LIABILITY INSURANCE		
	YES	NO
1. In the past license year, has the licensed establishment sold \$25,000 or more on-sale non-intoxicating malt liquor or wine?	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past license year, has the licensed establishment sold \$50,000 or more of off-sale non-intoxicating malt liquor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you anticipate selling more than \$25,000 of either on-sale wine or non-intoxicating malt liquor, or \$50,000 of off-sale non-intoxicating malt liquor in the upcoming license year?	<input type="checkbox"/>	<input type="checkbox"/>
IF 'YES' IS ANSWERED TO ANY OF THE ABOVE QUESTIONS, YOU WILL NEED TO PROVIDE US WITH A CERTIFICATE OF INSURANCE.		
Trade Name:	Date:	
Signature of Licensee or Authorized Representative:		