

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

May 4, 2016

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

LAWFUL GAMBLING:

Welch Center (Valley Youth Center) raffle exemption - 60 day waiver

NEW BUSINESS:

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.

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 FOR PERIOD ENDING AUGUST 31, 2016.

PDL OF DULUTH, INC (CLUB SARATOGA) 331 CANAL PARK DRIVE –
APPLICATION FOR TEMPORARY EXPANSION OF THE LICENSED PREMISES OF
THEIR ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 18, 2016.

GRANDMA'S INCORPORATED, 522 LAKE AVE SOUTH – APPLICATION FOR TEMPORARY
EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE INTOXICATING LIQUOR
LICENSE FOR SATURDAY, JUNE 18, FROM 8:00 A.M. – 2:00 P.M.

GRANDMA'S ANGIES, INC (LITTLE ANGIE'S CANTINA) 525 LAKE AVE SOUTH –
APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR
LICENSE FOR AUGUST 18-21, 2016 FROM 10:00 A.M. – 2:00 A.M. AND JUNE 18, 2016
FROM 7:00 A.M. – 2:00 A.M.

PIER B HOLDING, LLC (PIER B RESORT & SILOS RESTAURANT) 800 WEST RAILROAD STREET, DULUTH MN 55802 – APPLICATION FOR ON SALE INTOXICATING LIQUOR, SUNDAY LIQUOR LICENSE AND DANCING FOR PERIOD ENDING AUGUST 31, 2016.

UP NORTH TAPS, LLC (7 WEST TAPHOUSE) 7 WEST SUPERIOR STREET - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JULY 13, 2016 5:00 P.M. – 8:00 P.M. AND JULY 22, 2016 FROM 3:00 P.M. – 9:00 P.M.

SIR BENEDICTS IV INC (SIR BENEDICT'S TAVERN ON THE LAKE) 805 EAST SUPERIOR STREET, 55802 – APPLICATION FOR PERMANENT EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR PERIOD ENDING AUGUST 31, 2016

GRANDMA'S SPORTS BAR AND GRILL INC (GRANDMA'S SPORTS GARDEN) - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR AUGUST 18, 2016 – AUGUST 21, 2016 FOR TALL SHIPS EVENT.

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: WELCH CENTER INC. NBA Valley/Volunteer Center Previous Gambling Permit Number: 02306

Minnesota Tax ID Number, if any: 9142901 Federal Employer ID Number (FEIN), if any: 41-0850223

Mailing Address: 720 N. Central Ave.

City: Duluth State: MN Zip: 55807 County: St. Louis

Name of Chief Executive Officer (CEO): Russ Salgy

Daytime Phone: 218-464-5071 x100 Email: RSalgy@valleyvolunteercenter.org

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

- Fraternal Religious Veterans Other Nonprofit Organization

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

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

- A current calendar year Certificate of Good Standing**
Don't have a copy? Obtain this certificate from:
MN Secretary of State, Business Services Division Secretary of State website, phone numbers:
60 Empire Drive, Suite 100 www.sos.state.mn.us
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): Players Sports Bar

Address (do not use P.O. box): 4024 Grand Ave.

City or Township: Duluth Zip: 55807 County: St. Louis

Date(s) of activity (for raffles, indicate the date of the drawing): July 16th 2014

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: \$ 3,000)

* **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: 4-28-16

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: 4-28-16
(Signature must be CEO's signature; designee may not sign)

Print Name: Russ Salgy

REQUIREMENTS

Complete a separate application for:

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

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

Financial report to be completed within 30 days after the gambling activity is done:
 A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

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

MAIL APPLICATION AND ATTACHMENTS

Mail application with:

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

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

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

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; Individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

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

Internal Revenue Service
District Director

Department of the Treasury

Date: 19 JAN 1983

Employer Identification Number:

Accounting Period Ending: December

Form 990 Required: Yes No

Person to Contact: L. Henderson

Contact Telephone Number: 612-725-58

CCD 120682 CASE NO 41235110EO
FFN 410031474 EIN 41-0850223
THE WELCH CENTER
605 NORTH CENTRAL AVENUE
DULUTH, MN 55807

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

* \$2,500 FOR YEARS ENDING ON OR AFTER 12/31/82.
230 S. Dearborn St., Chicago, Ill. 60604

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

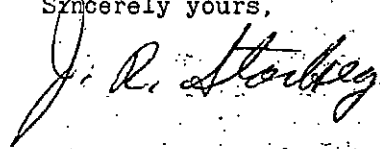
You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "J. R. Stork".



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 3-18-2016
 LICENSE # 39

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. _____

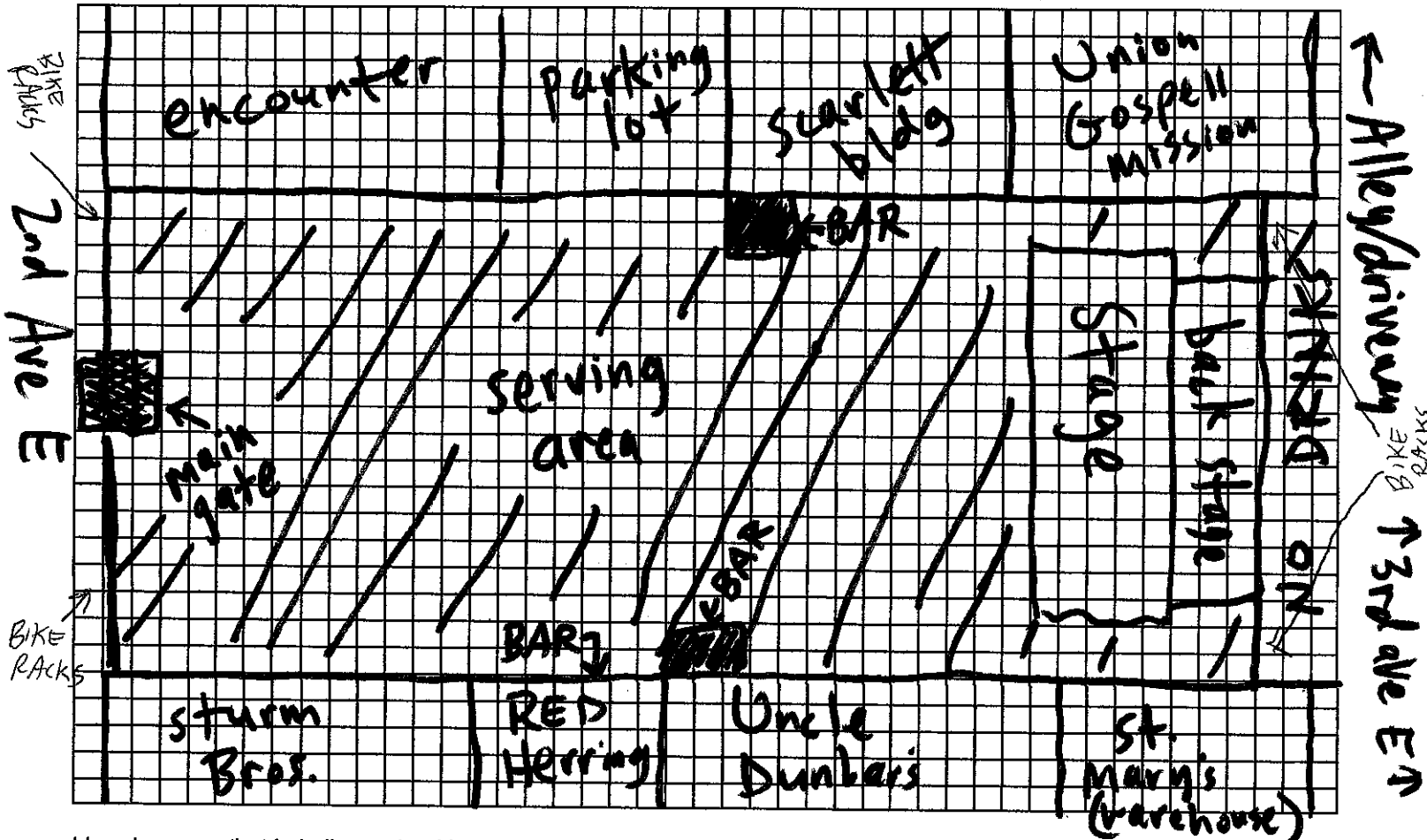
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

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: _____

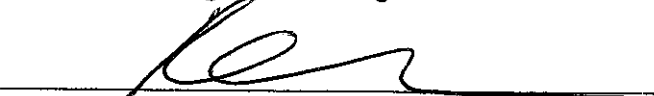
DIAGRAM MUST SHOW:

- 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 of owner/authorized representative

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

RECEIPT

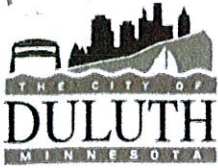
RECEIPT DATE 3/18/2016	RECEIVED FROM RED HERRING, LLC	RECEIPT No. 2016-00071000
COLLECTION STATION Clerks 1	CHECK No. 2830	CASHIER Marian Collins

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															
Total Check	358.00															
Total Charge	0.00															
Total Other	0.00															
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

FOR OFFICE USE ONLY	
Date Paid:	<u>3-18-2010</u>
License #	<u>760250</u>
Date Appl sent to DPD Traffic:	<u>3-18-2010</u>
Did check include DPD fees?	Yes ___ No <input checked="" type="checkbox"/>

LICENSE APPLICATION

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

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	FEE
SPECIAL EVENT =	\$108.00

PARADE

COMMUNITY EVENT
 (CHECK ONE)

RACE

LICENSEE NAME & BUSINESS ADDRESS

MEN AS PEACEMAKERS
205 W 2nd St #15
Duluth MN 55802

PERSON(S) IN CHARGE OF EVENT:
 (if other than contact person day of the event)

PHONE: _____

NAME OF EVENT:

Super Big Block Party

DATE OF EVENT: 9/3/16

CONTACT PERSON(S) DAY OF EVENT:
Bob Monahan 218.341.0792
Joe Menor 218.260.5540

PHONE: _____

Miscellaneous Information:
 Application to be submitted **at least** 30 days prior to event.
 Call Police Traffic 730-5678 or 730-5644.
 General Liability Insurance certificate required before license can be issued. City of Duluth named as additional insured. Day(s) of event to be listed on certificate. (Section 45-50, City Code)

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 Applicant

MAILING ADDRESS:

MEN AS PEACEMAKERS
205 W 2nd St #15
Duluth MN 55802



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

1,000

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

2. What kind of advertisement have you done? Social media, online,
print (local)

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

20-40

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.

[Signature]
Applicant Signature

3/9/16
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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

FOR OFFICE USE ONLY:
Date of Application: _____
License Number: _____

CITY OF DULUTH SPECIAL EVENT PERMIT REQUEST

PLEASE PRINT (Black Ink) OR TYPE

PARADE COMMUNITY EVENT RACE

Name of Event: Super Big Black Party Date of Event: 9.3.16

Starting Time: 3pm Approximate Finish Time: 10pm

Starting Location: 200 Block of E 1st St.

Finish Location: " "

ROUTE: Use of Sidewalk Street or Both (Provide a Separate map if needed:)

Sound amplification: Yes No Location: 200 Block of E 1st St.

Alcohol Expansion applied for: Yes No

Approximate no. of participants: 50 Approximate no of spectators: 1,000

Event Director Signature: [Signature] Phone: 218.341.0793

Person(s) who can be contacted regarding event details if other than event director:
Joe Menar # 218.260.5540

*****TO BE FILLED OUT BY THE POLICE DEPARTMENT*****

Police manpower cost (to be determined by Police Dept.): POLICE 770 / TRAFFIC DPW 0

Total fee as set by this regulation: \$ 770⁰⁰ Date Paid _____

Chief of Police approval: _____ Date _____

Administrative Assistant approval: _____ Date _____

Request Denied (See attached): _____

Special requirements (cones, fence, cleanup, etc.): TWO POLICE OFFICERS, HIRES #

Billed by XOT COORDINATOR, - BARRICADES RENTED FROM WARNING LIGHTS OF MIN.

(For Office Use) (Note: Copies to be sent to the following by FAX or interoffice mail, from the Clerk's office.)

- | | | |
|------------------------------|----------------------|--------------------|
| Chief Administrative Officer | Public Works | Fire Dept. |
| Chief of Police | Engineering | Parks & Recreation |
| Police Traffic | Gold Cross Ambulance | DTA |



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 / jodie 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 Sommus 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>218 927 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

FOR OFFICE USE ONLY
DATE 4-11-2016
LICENSE # 41

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:	\$ 358.00

LICENSEE CORP NAME & BUSINESS ADDRESS:
PDL OF Duluth, INC.
331 CANAL PARK DR.
Duluth, MN 55802

D/B/A OR TRADE NAME: CLUB SARATOGA

MANAGER'S NAME & ADDRESS & PHONE #
PHIL FISH
SAME AS ABOVE

CELL OR BUSINESS PHONE NO. 218-393-0425

EVENT LICENSE PERIOD: JUNE 18, 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.

Dan B. Lowe

Signature of Applicant

MAILING ADDRESS:

331 CANAL PARK DR
DULUTH, MN 55802

EMAIL: danblowe@comcast.net

Would you like notifications via email? YES NO



**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
THOUSANDS

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? NONE

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

21+

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

YES - SOLD

5. Will dancing be allowed at this event?

No

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

4-8-16

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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

Date of Application _____
License No. _____

TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

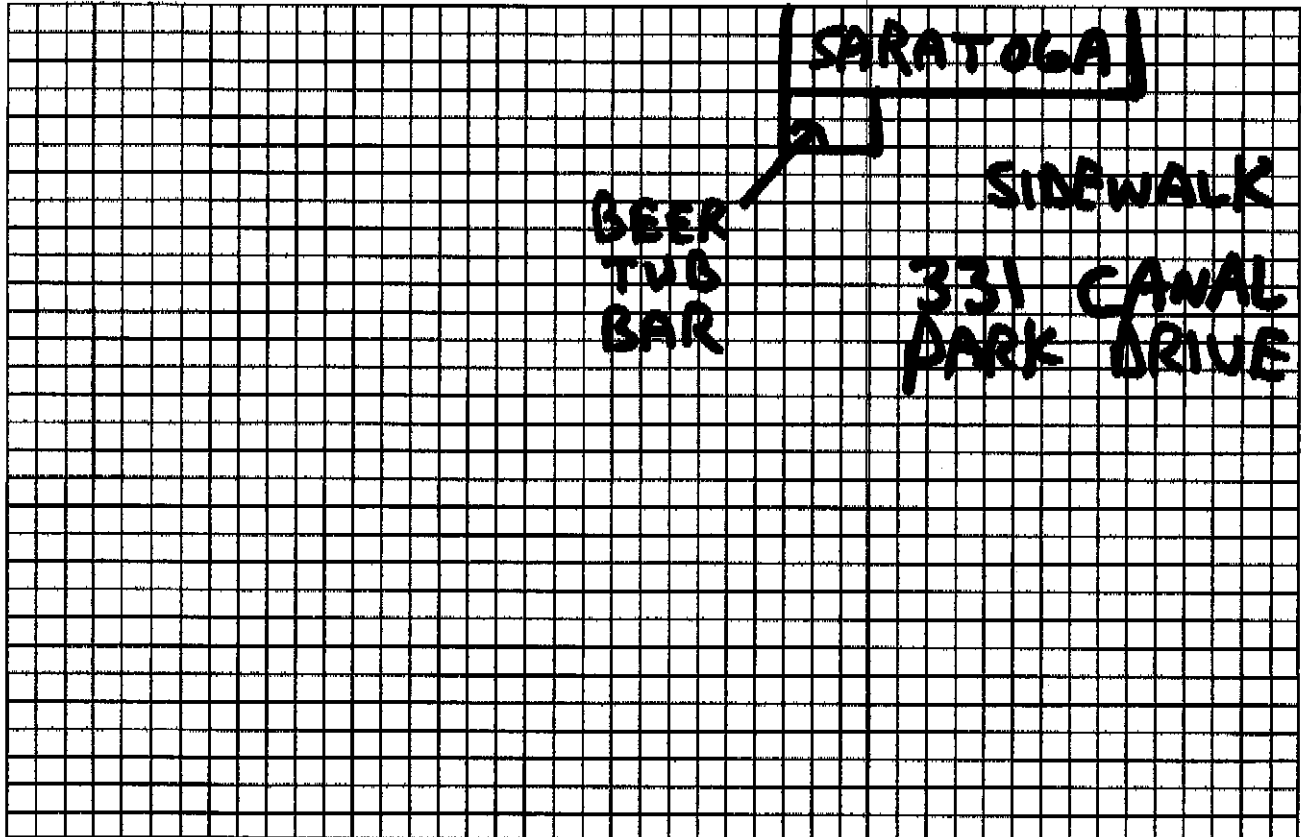
Owner: PDL OF DULUTH, INC. (d/b/a) Trade Name: CLUB SARATOGA
 Date of Event: 6-18-2016 Address: 331 CANAL PARK DRIVE DULUTH, MINN 55802
 Name of Event: GRANDMAS MARATHON Time of Event: 8:00 AM - 6:00 PM
 Security Personnel: PHIL FISH Firm: CLUB SARATOGA

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
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 4-15-2016
LICENSE # 42

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:	\$358

LICENSEE CORP NAME & BUSINESS ADDRESS:

Grandma's Restaurant Inc.
522 Lake Ave South
Duluth, MN 55802

D/B/A OR TRADE NAME: Grandma's Saloon and Grill

CELL OR BUSINESS PHONE NO. 218-727-4192

MANAGER'S NAME & ADDRESS & PHONE #

Jill Toms
522 Lake Ave South
Duluth, MN 55802

EVENT LICENSE PERIOD: 6/18/16

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.

MAILING ADDRESS:

Grandma's Saloon and Grill
522 Lake Ave South
Duluth, MN 55802

Signature of Applicant

EMAIL: jill.toms@grccorp.com


Would you like notifications via email? YES NO

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Lake Avenue

Grandma's
CANAL PARK
SALOON
& GRILL

Outside Serving Area
for Grandma's Marathon
Saturday, June 18, 2016

 = 5' x 5'

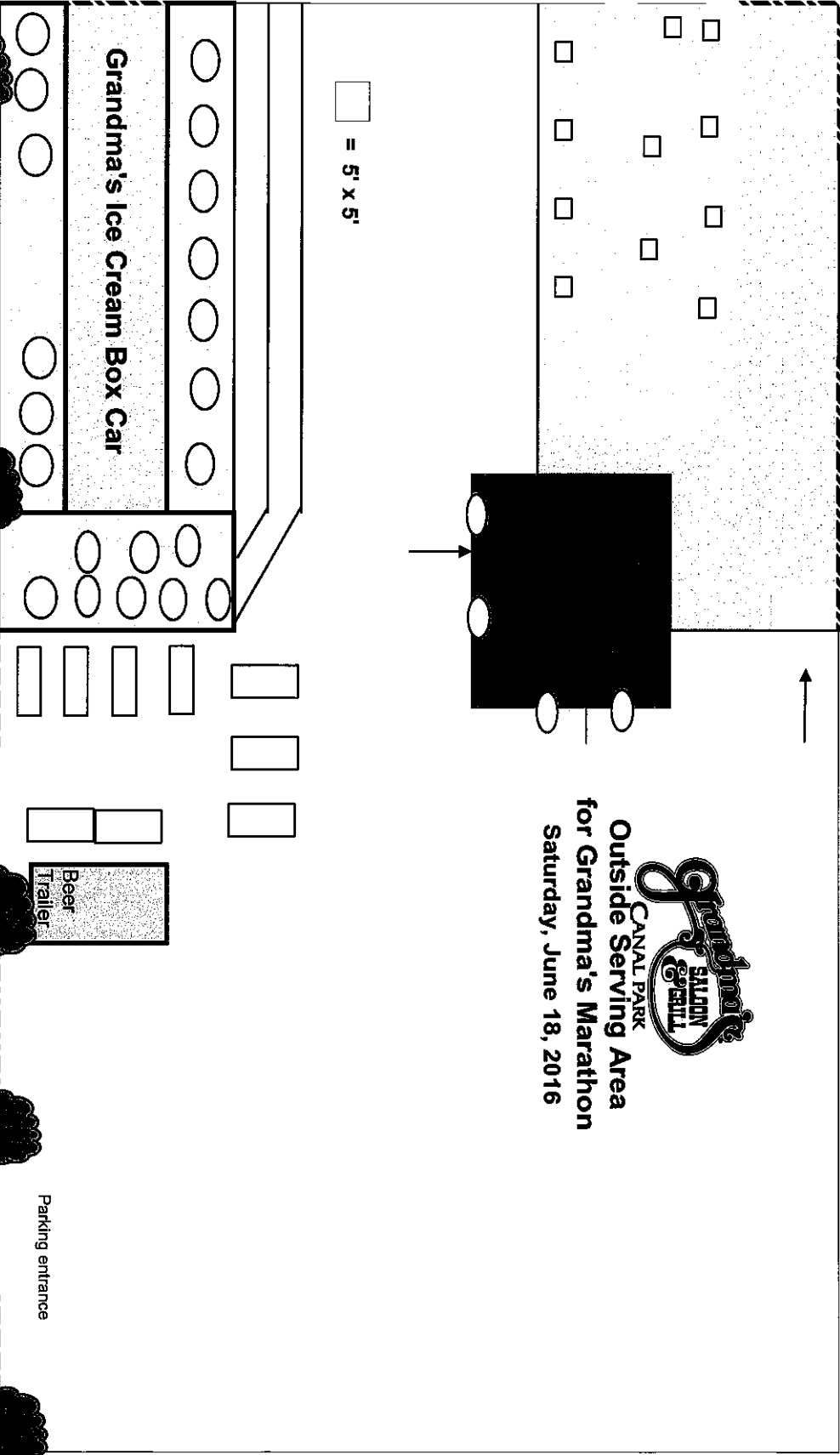
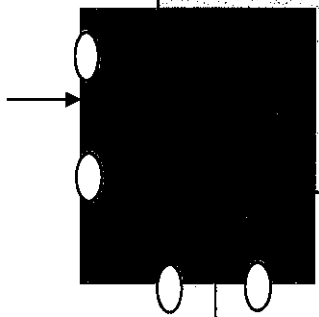
Grandma's Ice Cream Box Car

Canal Park Drive

Bear
Trailer

Parking entrance

Morse Street



We will not have a tent during Grandma's Marathon this year.

We are applying for an extension of premise for Saturday, June 18th, to serve beer, Bloody Mary's, soda, and water in the parking lot. We will not serve food outdoors. We have rented a "beer truck" from Superior Beverages, and will have a small area set up with tables. We will only have the beverages available for sale during the day, shutting down outdoor service before the roads open, or around 2:00 PM.



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

a lot

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

2. What kind of advertisement have you done? _____

n/a

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

family

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

sold

5. Will dancing be allowed at this event?

no

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

4/13/16
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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

surrounding area, as determined by the land use supervisor;

(5) The permitted area shall be capable of being constantly observed by serving or security personnel of the licensee. Licensee shall furnish a minimum staff of one person for a permitted area of up to 20 patron capacity and one additional staff for each additional unit of up to 20 patron capacity;

(6) The permitted area shall leave at least a six foot wide area of sidewalk that is not subject to the sidewalk use permit;

(c) Licensed premises outdoors on private property. If any part of the licensed premises is on privately-owned property that is not subject to an ownership or easement interest of the city of Duluth, or any other government, and that part of the licensed premises is not an "indoor area" as defined in M.S.A. Sec. 144.413, subd. 1(a), or its successor, then the use of that part of the licensed premises shall comply with all of the following:

(1) Any condition or limitation imposed by any law, ordinance, government regulation, code, license or permit, including restrictions on configuration or use that are set by the city council by ordinance or resolution;

(2) That part of the licensed premises shall not exceed in area the area of the rest of serving area of the licensed premises;

(3) That part of the licensed premises shall have an improved surface suitable for all weather pedestrian traffic, must, when in use, have a continuous perimeter barrier or fence. The barrier or fence must be approved by city clerk, police chief and the building official as meeting administrative criteria as to safety, security, regulated access and restricted means to transfer alcoholic beverages on or off the premises. The appearance, lighting, signage, visual barriers of the facility shall be reasonably compatible with the surrounding area, as determined by the chief administrative officer or his/her designee;

(4) Any food service available anywhere in the licensed premises shall be available in that part of the licensed premises. Every type of seating for dining anywhere on the licensed premises shall be available on that part of the licensed premises. In that part of the licensed premises, no alcoholic beverage shall be served, consumed or possessed by any person unless he or she is seated at a table;

(d) Pre-existing uses. Outdoor areas that were included in a licensed premises on January 1, 2008, shall be allowed to continue as a nonconforming use under, and subject to, Section 50-38, to remain in the same configuration and subject to the same restrictions of use, including hours of operation, as existed at that date, subject, however, at all times to the government's police power to control a license and sanction activities at establishments that dispense alcoholic beverages, as provided by any law, including (a) above.

Marathon license

Jill Toms

Sun 4/10/2016 9:35 AM

Thank you Sara! Our e-mail server crashed, so we a...

REPLY REPLY ALL FORWARD

Schaffer, Sara (MDH) <S; [Mark as unread](#)

Fri 4/8/2016 11:14 AM

Inbox

To: Jill Toms;

· You replied on 4/10/2016 9:35 AM.

Jill-

We won't require a license if it is just beer/liquor that you're serving outside. It's just an expansion of your liquor license so when you apply with the city they will send me your application to approve but we won't make you get our special event license without the food. Let me know if you have questions. Is this your new email I had another one for you? Just want to make sure I have the correct one now! 😊

Sara

SARA SCHAFFER

Public Health Sanitarian III

Minnesota Department of Health

Food, Pools and Lodging Services Section

p 218-302-6184

 **Minnesota**
Department of Health





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>4-22-2016</u>
LICENSE #	<u>46</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 =	\$ 534.00
TOTAL:	\$ 892.00

LICENSEE CORP NAME & BUSINESS ADDRESS: Grandma's Restaurant Co. Grandmas Angies Inc D/B/A OR TRADE NAME: Little Angie's Cantina

525 Lake Ave. South
Duluth, MN 55802

CELL OR BUSINESS PHONE NO. 218-727-6117

MANAGER'S NAME & ADDRESS & PHONE #

Sandy Kolasinski
11 E. Buchanan St
Duluth, MN 55802

EVENT LICENSE PERIOD: August 18-21, 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.

Sandy Kolasinski
 Signature of Applicant

MAILING ADDRESS:
11 E. Buchanan St
Duluth, MN 55802

EMAIL: sandyk@grccorp.com

Would you like notifications via email? YES NO

Date of Application _____
License No. _____

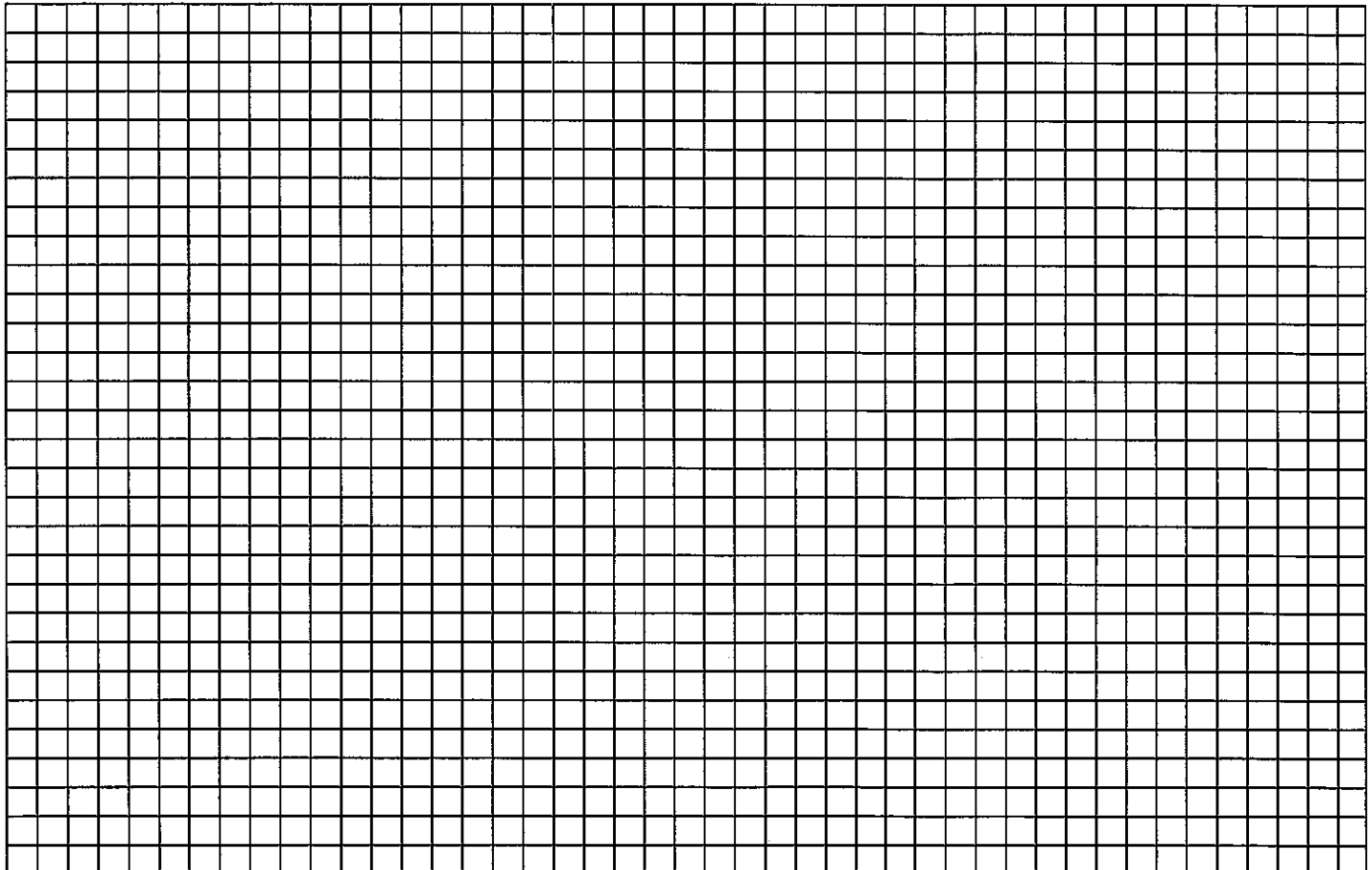
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Grandma's Inc. (d/b/a) Trade Name: Little Angie's Cantina
Date of Event: August 18-21, 2016 Address: 11 E. Buchanan St
Name of Event: Tall Ships Time of Event: 10:00AM - 2:00AM
Security Personnel: Duluth Police Department 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
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 4-22-2016
LICENSE # 45

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:	\$358.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

~~Grandma's Restaurant Co.~~ Grandmas' Angies Inc

525 Lake Ave. South
Duluth, MN 55802

D/B/A OR TRADE NAME: Little Angie's Cantina

CELL OR BUSINESS PHONE NO. 218-727-6117

MANAGER'S NAME & ADDRESS & PHONE #

Sandy Kolasinski
11 E. Buchanan St
Duluth, MN 55802

EVENT LICENSE PERIOD: June 18, 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.

Sandy Kolasinski

Signature of Applicant

MAILING ADDRESS:

11 E. Buchanan St
Duluth, MN 55802

EMAIL: sandyk@grccorp.com

Would you like notifications via email? YES NO

Date of Application _____
License No. _____

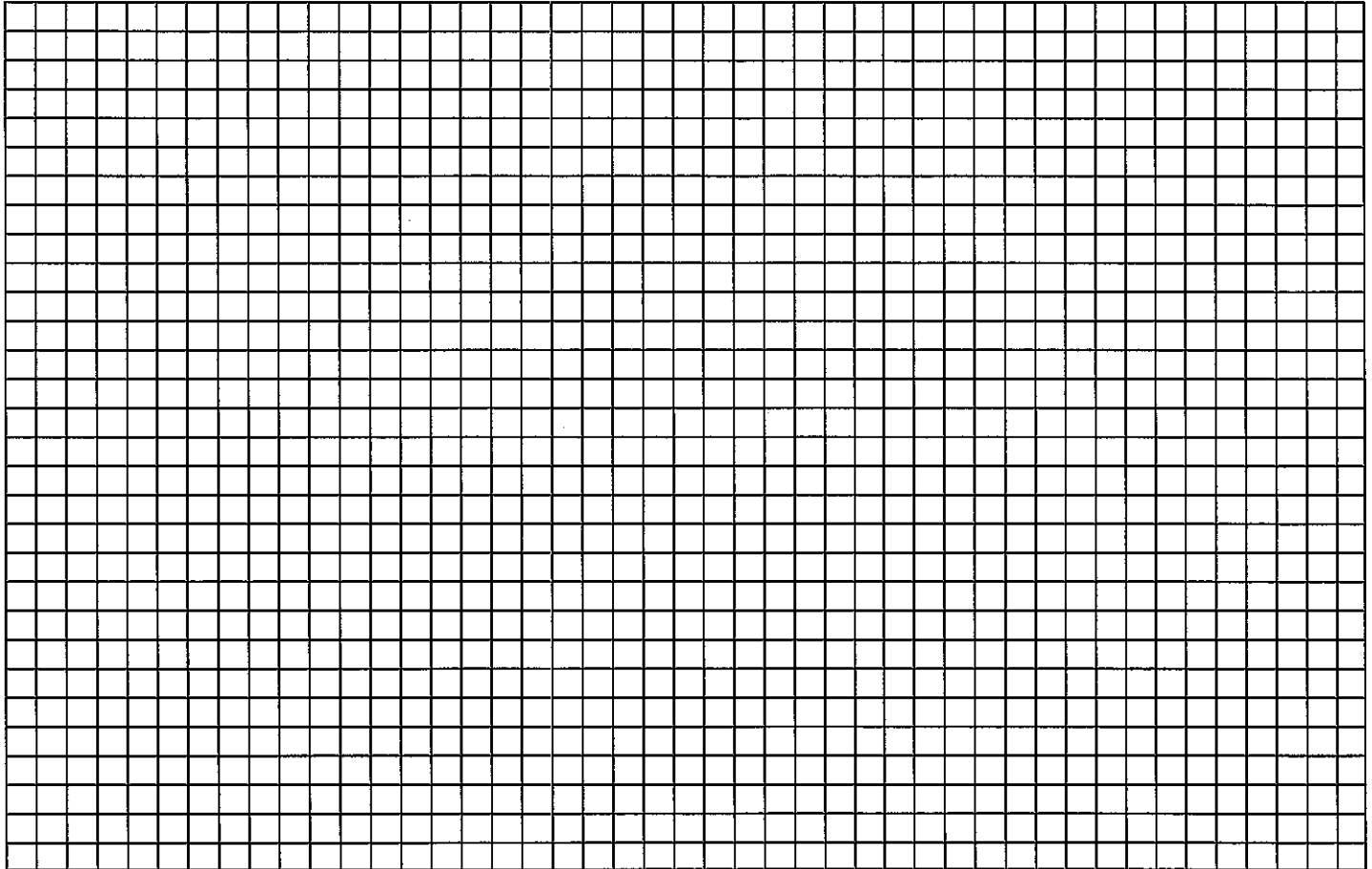
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Grandma's (d/b/a) Trade Name: Little Angie's Cantina
 Date of Event: June 18, 2016 Address: 11 E. Buchanan St
 Name of Event: Grandma's Marathon Time of Event: 7:00AM - 2:AM
 Security Personnel: Duluth Police Department 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 400
If Yes, how many people are you expecting to attend? 400

2. What kind of advertisement have you done? _____
None

3. What is the age of the target group for this event? 21-45

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

5. Will dancing be allowed at this event? no

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? _____

Buchanan Street

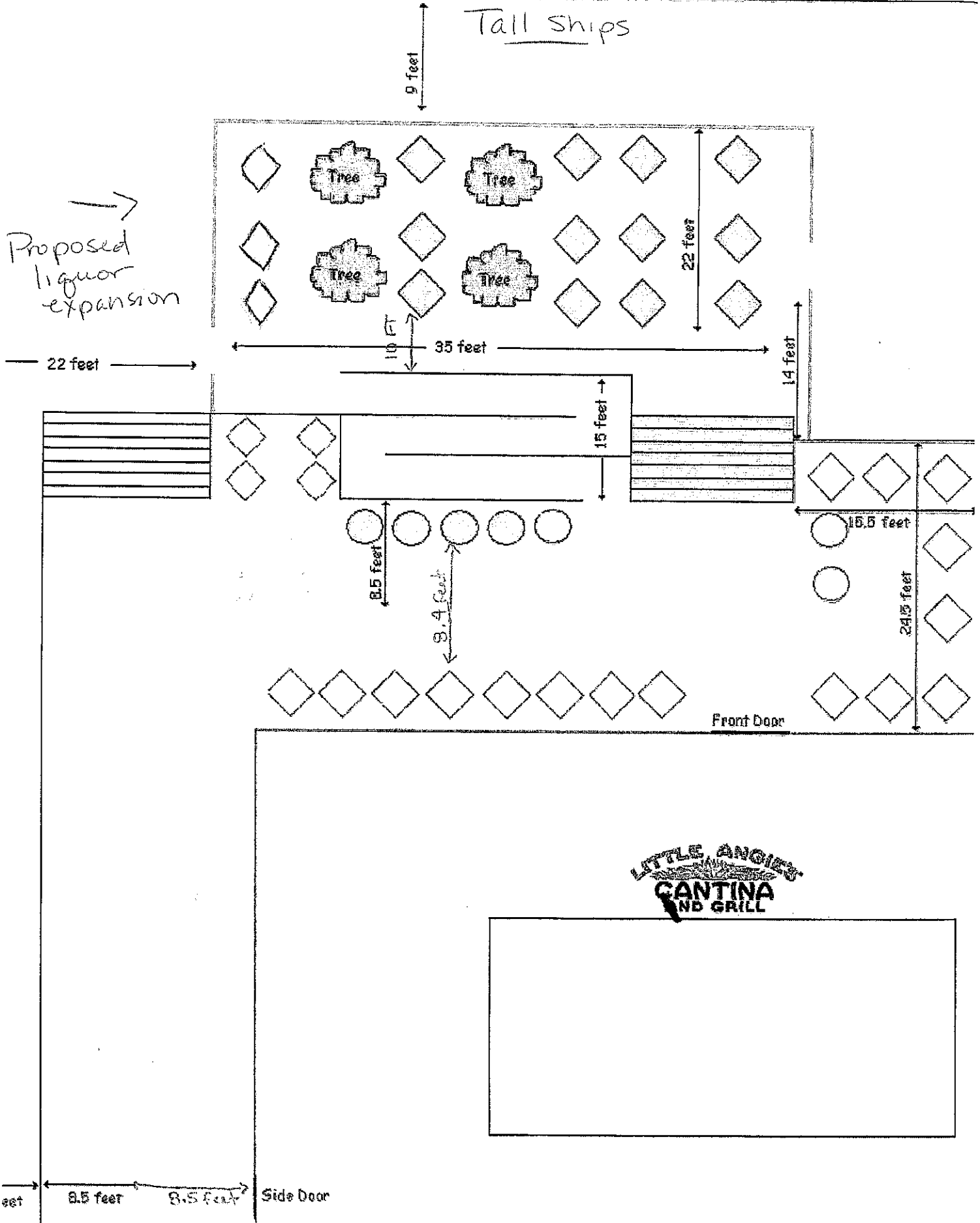
Buchanan Street

Tall ships

9 feet

Proposed liquor expansion

22 feet



22 feet

10 feet

35 feet

14 feet

15 feet

8.5 feet

8.4 feet

15.5 feet

24.5 feet

Front Door

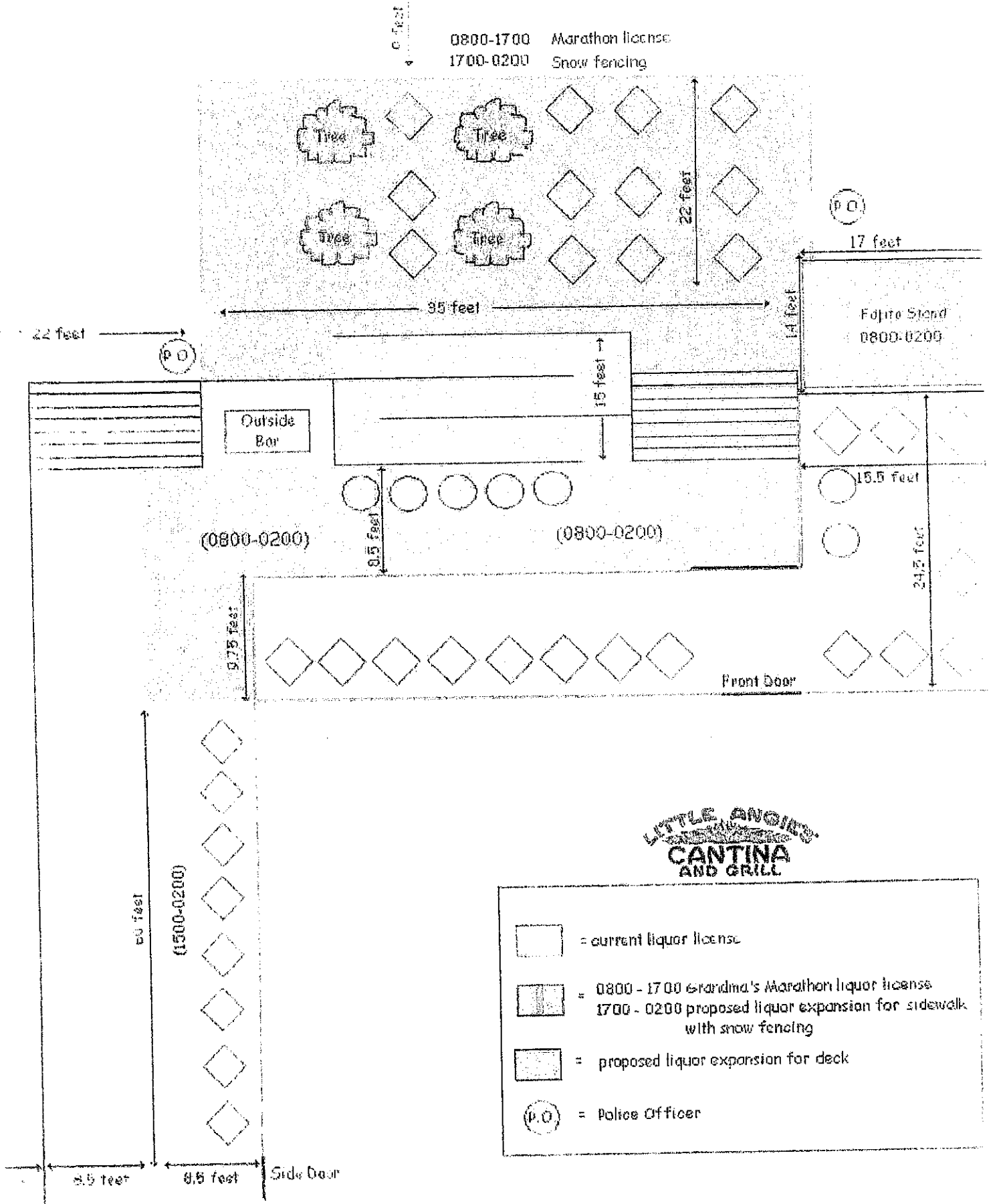
LITTLE ANGIE'S
CANTINA
AND GRILL

8.5 feet 8.5 feet





Side Door

Marathon

0800-1700 Marathon license
 1700-0200 Snow fencing



**LITTLE ANGIO'S
CANTINA
AND GRILL**

-  = current liquor license
-  = 0800 - 1700 Grandma's Marathon liquor license
1700 - 0200 proposed liquor expansion for sidewalk
with snow fencing
-  = proposed liquor expansion for deck
-  = Police Officer



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 #	<u>700193</u>
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	\$ <u>209.00</u>
On Sale Intoxicating Liquor	4,173.00	<u>4,173.00</u>
On Sale Sunday	178.00	<u>178.00</u>
Dancing	1,130.00	<u>1,130.00</u>
Additional Bar (each)	571.00	
After Hours Entertainment	262.00	
2:00 A.M. (Issued by the State - see form attached)	N/C	
	TOTAL:	\$ <u>5690.00</u>

218-722-5556
LICENSEE NAME, ADDRESS, & PHONE
 (Individual/corporation/partnership)
PIER B HOLDING, LLC (PARTNERSHIP)
SANDY HOFF, FLSALTER
SUITE 715, 301 W. 1ST ST.
DULUTH, MN 55802
CHARTER # 3625176-2

218-481-8888
BUSINESS NAME, ADDRESS, & PHONE
PIER B RESORT & SILOS
RESTAURANT
800 WEST RAILROAD ST
DULUTH, MN 55802

MANAGER'S NAME, ADDRESS & PHONE NO.
DAN LITTLE
2729 E. 6TH ST
DULUTH, MN 55812

NAME & ADDRESS OF PROPERTY OWNER:
SANDY HOFF
2881 MOOSE MOUNTAIN DR
DULUTH, MN 55804

LICENSE PERIOD: 6/1/16 - 8/31/17

Plat/Parcel: 010-0200-01100

until June opening

Mailing Address if other than Business Address:
DAN LITTLE, PIER B RESORT
PREOPENING OFFICE, SUITE 715
301 W 1ST STREET
DULUTH, MN 55802

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.

Daniel G. Luter
 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: PIER B HOLDING, LLC

2. Trade Name: PIER B RESORT & SILOS RESTAURANT & BAR

3. Address of place to be licensed: 800 W. RAILROAD ST. DULUTH, MN 55802

4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) GROUND FLOOR & 1 2ND FLOOR DECK

5. Name and address of owner of building: SANDY HOFF, FISALTER, 301 W. 1ST ST, DULUTH, MN

Any connection with applicant? IS THE APPLICANT Who receives the rent: 55802

6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:

LEISURE HOTELS & RESORTS, DAN LITTLE, GENERAL MANAGER, 2729 E 6TH ST DULUTH, MN

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

SANDY HOFF, Gen. Treas, 10% ALEX GIULIANI CHIEF MEMBER, 10% PIER B HOLDING

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:

0.5 MILE - DULUTH HARBOR CITY 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: 4/25/2016

Signature: [Signature]

Date: 4-25-16

Room Service

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 PIER B HOLDING LLC
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 800 W. RAILROAD ST, DULUTH, MN 55802
3. Your Name DANIEL G LITTLE 5/31/1949
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 2729 E 6TH ST. DULUTH, MN 55812
(Address) (City) (County) (State) (Zip)
5. Other home addresses
in last 10 years: 3680 DEEPHAVEN AVE, DEEPHAVEN, MN 55391

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

7. Your position in the business: GENERAL 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: APPLIED FOR

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: 8/1/17

Personal Information (if applicable)

Applicant's Name: DANIEL G LITTLE

Applicant's Address: 2729 E. 6TH ST. DULUTH, MN 55812

Social Security Number: 128-40-7802

Business Information (if applicable)

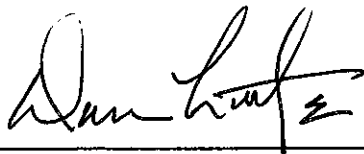
Business Name: PIER B HOLDINGS LLL, DBA PIER B RESORT

Business Address: 800 W. RAILROAD ST, DULUTH, MN 55802

Minnesota Tax Identification Number: 1570527

Federal Tax Identification Number: 27-1558628

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

Signature 

Date 4/27/16

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) <u>LIQUOR LICENSE</u>	BUSINESS TELEPHONE NO. <u>218 481 8888</u>	FAX TELEPHONE NO. <u>218 720 6684</u>
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.) <u>PIER B HOLDING LLC</u>		
DBA ("doing business as" or also known as an assumed name) (if applicable) <u>PIER B RESORT.</u>		
BUSINESS ADDRESS (must be physical street address, no PO boxes) <u>800 W RAILROAD ST.</u>	CITY <u>DULUTH</u>	STATE ZIP CODE <u>MN 55802</u>
COUNTY <u>ST LOUIS</u>	E-MAIL ADDRESS <u>dan.little@PIERBRESORT.COM</u>	

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) <u>LIBERTY MUTUAL FIRE INSURANCE COMPANY</u>		NAIC Number <u>23035</u>
POLICY NO. <u>WC2-291-425957</u>	EFFECTIVE DATE <u>4/1/16</u>	EXPIRATION DATE <u>4/1/17</u>

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 <u>Dan Little</u>		
APPLICANT SIGNATURE (required) <u>Dan Little</u>	TITLE <u>GENERAL MANAGER</u>	DATE <u>4/27/16</u>

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.



CERTIFICATE OF LIABILITY INSURANCE

4/1/2017

DATE (MM/DD/YYYY)

4/25/2016

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 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 Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1374321 LEISURE HOTEL CORPORATION 5000 W. 95TH STREET, SUITE 100 PRAIRIE VILLAGE KS 66207 <i>Pier B</i>	INSURER A: Liberty Mutual Fire Insurance Company		23035
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES LEIHO01 **CERTIFICATE NUMBER:** 14020537 **REVISION NUMBER:** XXXXXXXX

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC2-Z91-425957	4/1/2016	4/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 RE: License period 6/1/16 to 8/1/17. Pier B.

address *880*

CERTIFICATE HOLDER 14020537 EVIDENCE OF INSURANCE	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 <i>Joseph M. Agnello</i>
--	--

State of Minnesota

SECRETARY OF STATE

Certificate of Organization

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: Articles of Organization, duly signed, have been filed on this date in the Office of the Secretary of State, for the organization of the following limited liability company, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

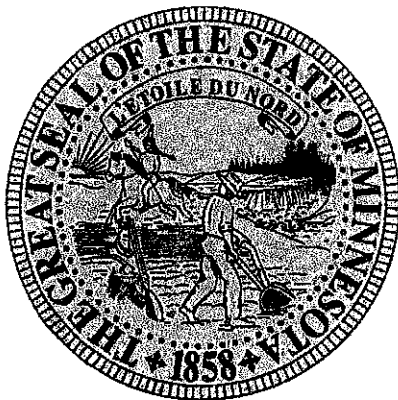
This limited liability company is now legally organized under the laws of Minnesota.

Name: PIER B HOLDING, LLC

Charter Number: 3625176-2

Chapter Formed Under: 322B

This certificate has been issued on 12/22/2009.



Mark Ritchie
Secretary of State.



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 DULUTH License Period From: 6/1/16 To: 8/31/17

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: \$ 417⁵⁰ Sunday License fee: \$ 178⁵⁰ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: PIER B HOLDING LLC DOB 5/31/49 Social Security # 128 40 7802
(corporation, partnership, LLC, or Individual)

Business Trade Name PIER B RESORT Business Address 800 W RAILROAD ST. City DULUTH

Zip Code 55802 County ST LOUIS Business Phone 218 481 8888 Home Phone 218 291 6933

Home Address 2729 E. 6TH ST. City DULUTH Licensee's MN Tax ID # 1570527
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # 27-1558628
(To apply call IRS 800-829-4933)

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

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
<u>SANDY HOFF</u>	<u>4-27-61</u>	<u>481-84-1277</u>	<u>2881 MOOSE MT. DRIVE - DULUTH MN.</u>
<u>ALESSANDRO ROLANDO GIULIANI</u>	<u>9-11-62</u>	<u>472905364</u>	<u>329 CANAL PARK DR</u>

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: LIBERTY MUTUAL FIRE INSURANCE COMPANY Policy # WC2-291-425957

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.




DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

444 Cedar Street Suite 222
St. Paul, MN 55101-5133
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) Pier B Holding, LLC		BUSINESS NAME (DBA) Pier B Resort	
BUSINESS ADDRESS 800 W PAULROAD St		COUNTY Stearns	BUSINESS PHONE 218 4818888
CITY, STATE, ZIP CODE Duluth, MN 55802		AUTHORIZED SIGNATURE 	

PS 9135 (12/09)

PLEASE COMPLETE THE BOTTOM 3 LINES OF THIS FORM

MAKE CHECK PAYABLE TO: ALCOHOL AND GAMBLING ENFORCEMENT

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 PIER B HOLDING LLC
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises _____
3. Your Name Alessandro Rolando Giuliani 9-11-62
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 329 CANAL PARK DRIVE DULUTH ST. LOUIS MN 55802
(Address) (City) (County) (State) (Zip)
5. Other home addresses
in last 10 years: 723 S. LAKE AVE DULUTH MN 55802
1900 MINNESOTA AVE ✓ ✓ ✓

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

7. Your position in the business: CHIEF 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 _____
CLYDE IRON RESTAURANT

(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.
I AM THE 100% OWNER OF CLYDE INDUSTRIAL PARK INC
DBA CLYDE IRON WORKS RESTAURANT

(WITNESS)

[Handwritten signature]

(DATE)

4-29-16

(APPLICANT'S SIGNATURE)

[Handwritten signature]

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

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

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar 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.

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?

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

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

- (1) ROYALTY - 15 24B AVE W DULUTH 55806 ✓
- (2) MICHAUD 2923 HEM ST ✓
- (3) (Bank) ALERUS BANK - 19765 HIGHWAY SEVEN - SHOREWOOD MN 55331-7514

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 PIER B HOLDING LLC
(Individual, Partnership, Corporation or Club)
2. Address of licensed premises 800 W. RAILROAD ST DULUTH, MN 55802
3. Your Name SANFORD CLARIC HOFF 4/27/61
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)
4. Home Address 2881 MOOSE MT DRIVE DULUTH MN ST. LOUIS COOK
(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: PIER B HOLDING LLC - SECRETARY/TREASURER
(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.

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

(1) LARK SUPERIOR HEALTHCARE

(2) F.I. SALTER CO. INC.

(3) (Bank) REPUBLIC BANK MARSHFIELD

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)

Robert J. Stutz

(DATE)

4/21/16

(APPLICANT'S SIGNATURE)

Robert J. Stutz



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	4-22-2016
LICENSE #	43

LICENSE APPLICATION

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

LICENSEE CORP NAME & BUSINESS ADDRESS:

7 West Taphouse
 7 W. Superior St
 Duluth, MN 55802

** MANAGER'S NAME & ADDRESS & PHONE #

Margaret Gustafson
 2528 Harvey St
 Duluth, MN 55802

D/B/A or TRADE NAME:

UP North taps LLC

CELL OR BUSINESS PHONE

NO. 218-722-2494

** EVENT LICENSE PERIOD:

July 13
 3 HOURS

**RAIN DATE: YES NO X

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 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.
- SECURITY:** Supply information to the License Inspector @ 730-5421.
- 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.

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:

7 West Taphouse
 7 W. Superior St
 Duluth MN 55802

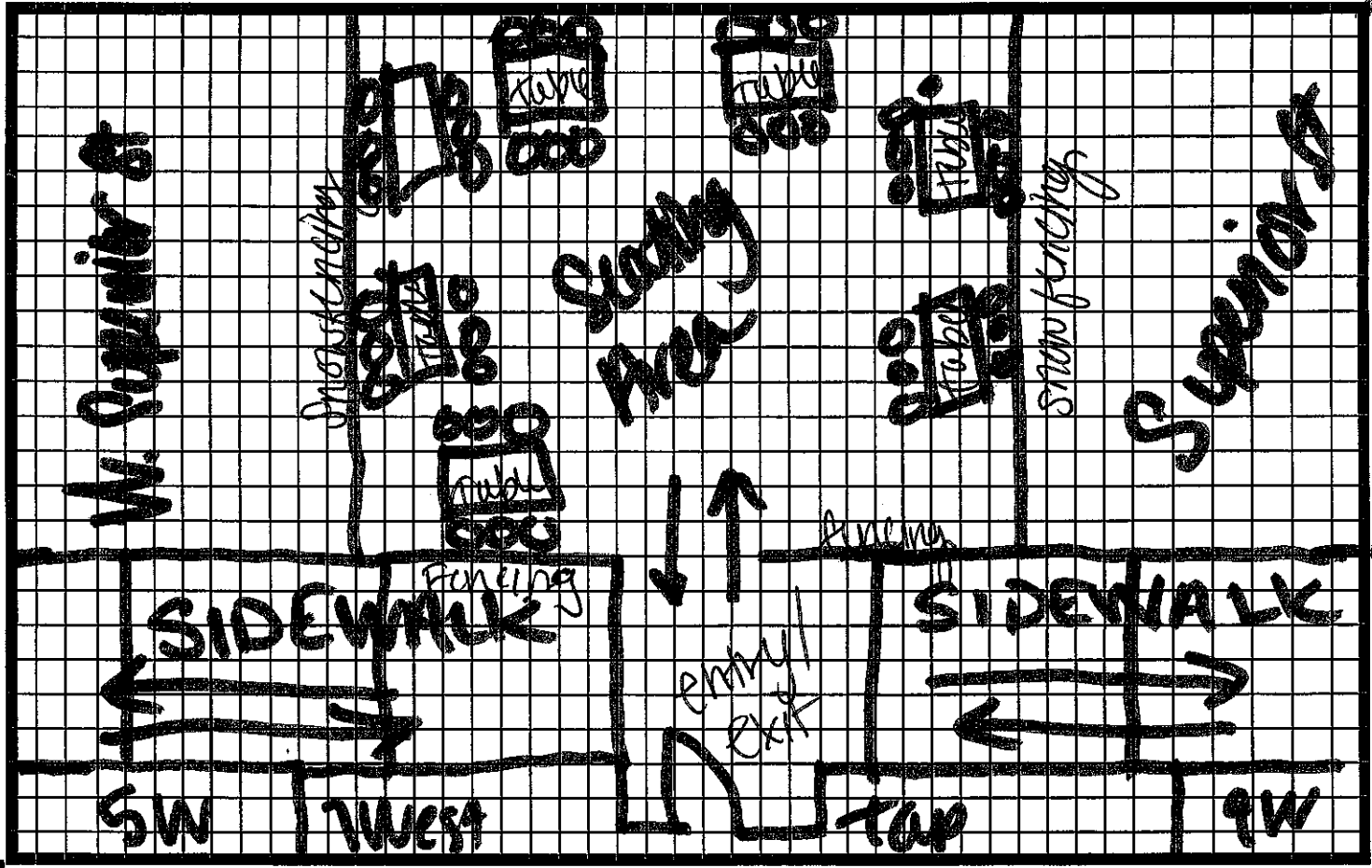
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Rick Lampton (Managing Partner) (d/b/a) *Trade Name: 7 West Tap House
 Date of Event: 7-13-16 *Address: 7W. SUPERIOR ST, DULUTH, MN 55802
 *Name of Event: Sidewalk Days Classic Car Show *Time of Event: 5:00 PM
 *Security Personnel: 7 West Staff *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 fo the approved "designated serving area" identified here.

[Signature]
 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

50-100

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

50-100

2. What kind of advertisement have you done?

Social media, City of Downtown Web Page & Promotion

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

21+

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

YES

5. Will dancing be allowed at this event?

NO

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.

[Handwritten Signature]

Applicant Signature

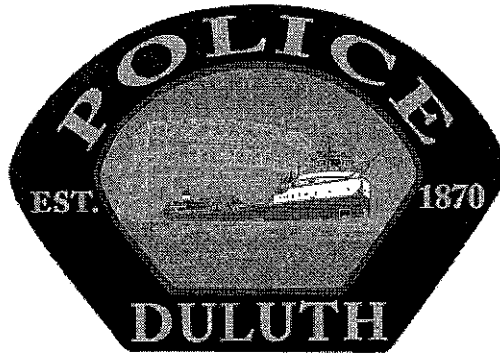
4/19/11
Date

For office use only

Is a licensed Peace Officer need for this event _____

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

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



Name of Business/
 Organization/Event: _____

Date(s)
 Of Service: _____ Hours: _____

Location: _____

Number of
 Officers: _____ Duties: _____

*They plan using own security.
 Contact them if its an issue*

Contact
 Person: _____ Position: _____

Contact
 Address: _____ City: _____ Zip: _____

Contact
 Phone: _____ Billing
 Phone: _____

Billing
 Name: _____

Billing
 Address: _____ City: _____ Zip: _____

Federal ID # or Social Security #: _____

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:

Applicant

Date

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



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

FOR OFFICE USE ONLY	
DATE	4-22-2010
LICENSE #	44

LICENSE APPLICATION

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

LICENSEE CORP NAME & BUSINESS ADDRESS:

7 West Taphouse
 7 W. Superior St
 Duluth, MN 55802

** MANAGER'S NAME & ADDRESS & PHONE #

Margaret Kuitakson
 2725 Harvey St
 Duluth, MN 55811

D/B/A or TRADE NAME:

Up North Taps LLC

CELL OR BUSINESS PHONE

NO. 218 722-2494

** EVENT LICENSE PERIOD:

July 22
 6 hours

**RAIN DATE: YES ___ NO

IF YES, DATE: _____

NEW INFORMATION

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- SECURITY:** Supply information to the License Inspector @ 730-5421.
- 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.

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 Signature of Applicant

MAILING ADDRESS:

7 West Taphouse
 7 W. Superior St
 Duluth, MN 55802

Date of Application _____
 License No. _____

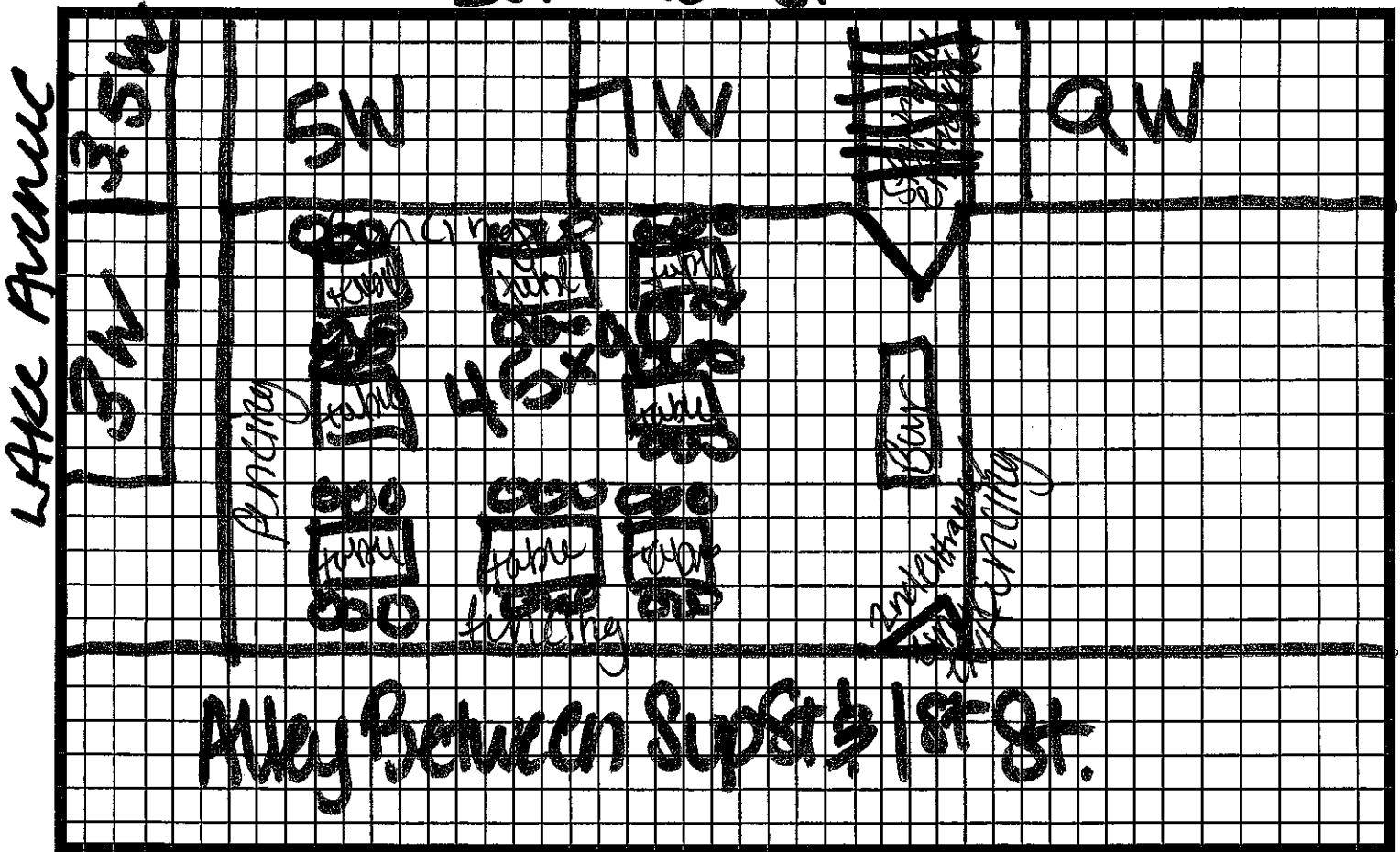
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Rick Lampton (d/b/a)*Trade Name: TWest Taphouse
 Date of Event: 7/22/10 *Address 7W Superior St Duluth, mn 55802
 *Name of Event: ALL P.M. NORTH Tap Takeover *Time of Event: 3-9pm
 *Security Personnel: TWest Staff *Firm: n/a

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 the 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, of consumption outside fo the approved "designated serving area" identified here.

[Signature]
 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 _____

If Yes, how many people are you expecting to attend? 50-100

2. What kind of advertisement have you done?

None yet - social media etc

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

21+

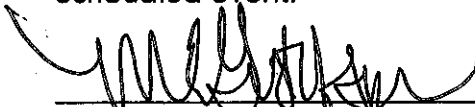
4. Will alcohol be sold or given away at this event?

yes

5. Will dancing be allowed at this event?

NO

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

4/19/16

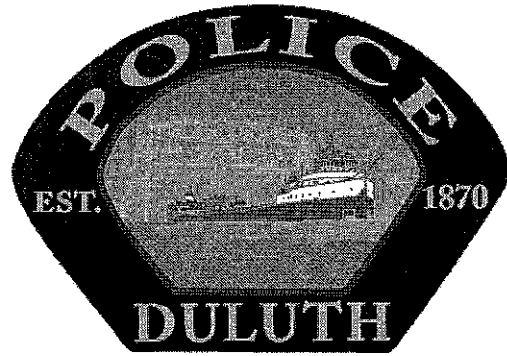
Date

For office use only

Is a licensed Peace Officer need for this event _____

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

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



Name of Business/
Organization/Event: _____

Date(s)
Of Service: _____ Hours: _____

Location: _____

Number of
Officers: _____ Duties: _____

They plan on doing own security - contact them if there is an issue

Contact
Person: _____ Position: _____

Contact
Address: _____ City: _____ Zip: _____

Contact
Phone: _____ Billing
Phone: _____

Billing
Name: _____

Billing
Address: _____ City: _____ Zip: _____

Federal ID # or Social Security #: _____

NOTICE TO APPLICANTS

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

I have read and understand the Extra Duty Application:	
_____	_____
Applicant	Date

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



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 4-27-2016
 LICENSE # 6

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

LICENSEE NAME & ADDRESS:

Sir Benedict's IV Inc
805 E Superior St
Duluth, MN 55802

TRADE NAME:

Sir Benedict's Tavern on the Lake

BUSINESS PHONE

NO. 218-728-1192

MANAGER'S NAME & ADDRESS

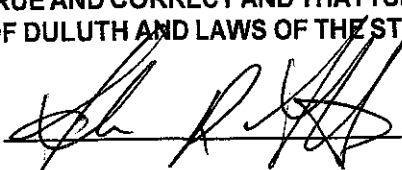
Joshua St As
4806 Jay St
Duluth, MN 55804

LICENSED PERIOD: ENDING 8/31/2016

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

would like to expand serving area to parking lot for seasonal event(s).

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

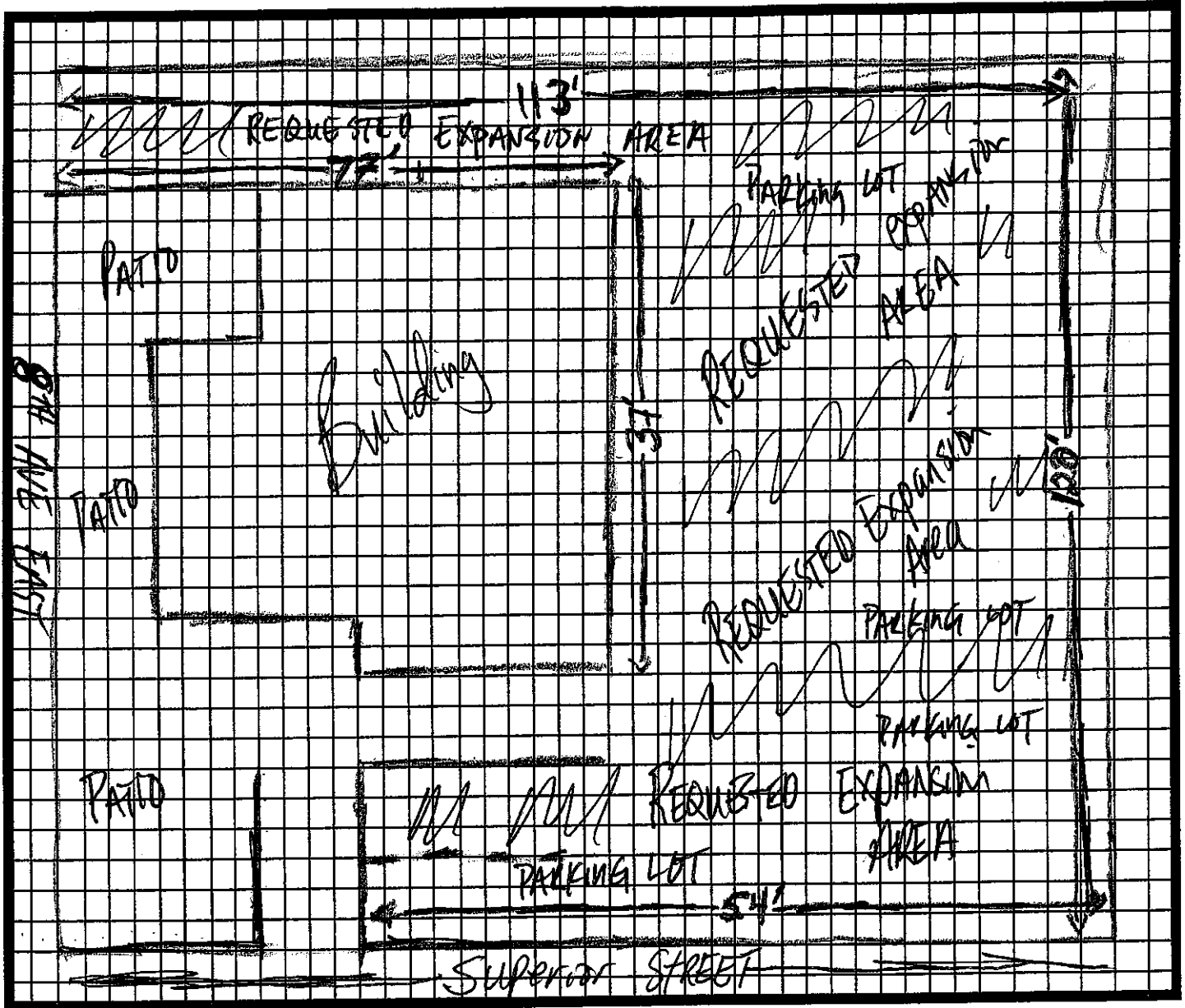
MAILING ADDRESS:

805 E Superior St
Duluth, MN 55802

Trade Name: Sir Benedict's Tavern on the Lake

Address: 805 E Superior St

PERMANENT EXPANSION OF LICENSED PREMISES (GRAPH)



* Requested expansion area is parking lot

[Handwritten Signature]

Signature of owner/authorized representative



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	4-28-16
LICENSE #	47

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 =	\$ 534.00
TOTAL:	\$ 892.00

LICENSEE CORP NAME & BUSINESS ADDRESS
 Grandma's Sports Bar and Grill Inc.
 425 Lake Ave. S
 Duluth, MN 55802

D/B/A OR TRADE NAME: Grandma's The Sports Garden

CELL OR BUSINESS PHONE NO. 218.722.4724

MANAGER'S NAME & ADDRESS & PHONE #
 Matt Baumgartner - 218.341.4026
 4631 Jay St.
 Duluth, MN 55804

EVENT LICENSE PERIOD: 8.18.16 - 8.21.16

RAIN DATE? YES NO

IF YES, DATE: _____

NEW INFORMATION

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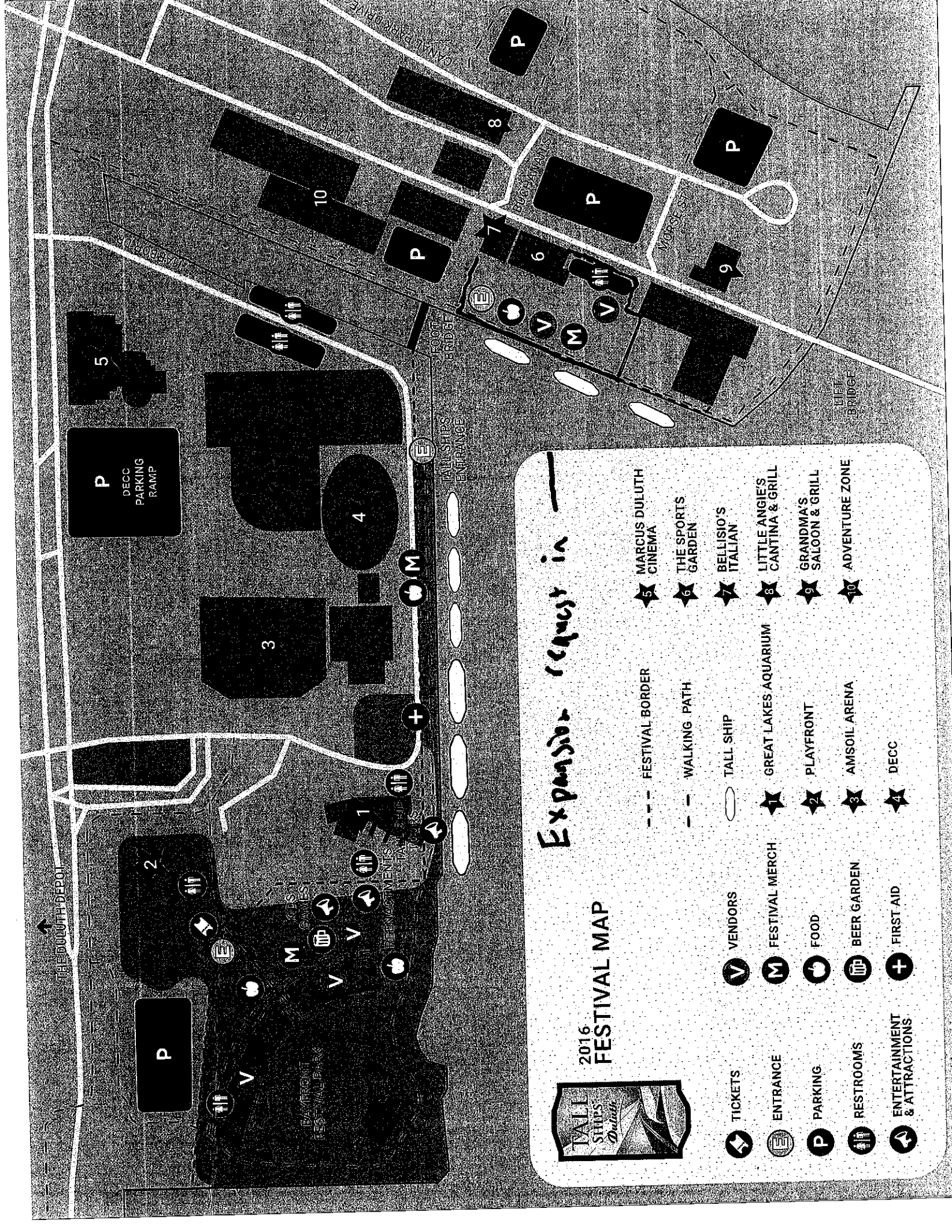
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS:
 The Sports Garden
 425 Lake Ave. S
 Duluth, MN 55802

Signature of Applicant

EMAIL: mbaumgartner@grccorp.com

Would you like notifications via email? YES NO



Expansion request in



2016 FESTIVAL MAP

- TICKETS
- ENTRANCE
- PARKING
- RESTROOMS
- ENTERTAINMENT & ATTRACTIONS
- VENDORS
- FESTIVAL MERCH
- FOOD
- BEER GARDEN
- FIRST AID
- FESTIVAL BORDER
- WALKING PATH
- TALL SHIP
- GREAT LAKES AQUARIUM
- PLAYFRONT
- AMSOIL ARENA
- DECC
- 5 MARCUS DULUTH CINEMA
- 6 THE SPORTS GARDEN
- 7 BELLISIO'S ITALIAN
- 8 LITTLE ANGIE'S CANTINA & GRILL
- 9 GRANDMA'S SALOON & GRILL
- 10 ADVENTURE ZONE



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 250,000 → est in 2013
~~If Yes~~, how many people are you expecting to attend? 320,000 → est for 2016
2. What kind of advertisement have you done? _____
Advertising done through Tall Ships Duluth 2016, Visit Duluth, etc.
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? n/a

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

4.18.16

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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