

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

May 6, 2015

The regular meeting of the Alcohol, Gambling & Tobacco Commission will be held on Wednesday, May 6, 2015, at 4:45 p.m., in the City Council Chambers, 3rd Floor, City Hall.

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

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

## **COMMUNICATIONS:**

## **LAWFUL GAMBLING:**

Irving Community Assoc  
Confidence Learning Center

Premise Permit – Player’s Sports Bar  
Premise Permit – Alpine Bar

## **NEW BUSINESS:**

**THE GREENS DULUTH, INC. (THE BREAK ROOM), 501 E. 4<sup>TH</sup> ST - APPLICATION FOR A 2:00 A.M. BEVERAGE LICENSE FOR THE PERIOD ENDING AUGUST 31, 2015.**

**PDL OF DULUTH, INC. (CLUB SARATOGA), 331 CANAL PARK DRIVE - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 20, 2015.**

**LAKE EFFECT RESTAURANT, INC. (LAKE AVENUE CAFÉ), 394 LAKE AVENUE SOUTH - APPLICATION FOR TEMPORARY EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 19 & 20, 2015.**

**GRANDMA’S RESTAURANT CO., (LITTLE ANGIE’S CANTINA), 11 EAST BUCHANAN STREET - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 20, 2015.**

**JADE FOUNTAIN, LLC (JADE FOUNTAIN), 305 N. CENTRAL AVE.** - APPLICATION FOR TRANSFER OF THE ON SALE INTOXICATING LIQUOR LICENSE AND ON SALE SUNDAY LICENSE FOR THE PERIOD ENDING AUGUST 31, 2015, WITH AMANDA KALLIGHER, 50% OWNER AND JOSHUA KALLIGHER, 50% OWNER, TRANSFERRED FROM LEE & TINA, INC. (JADE FOUNTAIN), SAME ADDRESS.

**SHOTZ BAR, INC. (SHOTZ BAR), 1321 COMMONWEALTH AVENUE** – APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 27, 2015.

**ALPINE BAR & LOUNGE, INC. (ALPINE BAR & LOUNGE), 1308 COMMONWEALTH AVENUE** - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 26-28, 2015.

**LEMON REEF, INC. (THE REEF BAR), 2002 LONDON ROAD** - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 20, 2015.

**BERGEY'S, LLC (BERGEY'S), 2232 W. SUPERIOR ST.** - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 27, 2015.

**BENT PADDLE BREWING CO. (BENT PADDLE BREWING COMPANY) 1912 W. MICHIGAN ST** - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE MALT BREWERY LIQUOR LICENSE FOR MAY 30, 2015.

**CHASER'S OF DULUTH, INC. (BEDROCK BAR), 2023 W SUPERIOR ST** - APPLICATION FOR TEMPORARY EXPANSION OF THE ON SALE INTOXICATING LIQUOR LICENSE FOR JUNE 20, 2015.

# 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 prize value for the year will be \$1,500 or less, contact the Licensing Specialist assigned to your county.

**Application fee (nonrefundable)**  
 If the application is postmarked or received 30 days or more before the event, the application fee is **\$50**; otherwise the fee is **\$100**.

## Organization Information

Organization Name: DULUTH PLAYHOUSE Previous Gambling Permit Number: \_\_\_\_\_  
 Minnesota Tax ID Number, if any: 41-0694692 Federal Employer ID Number (FEIN), if any: \_\_\_\_\_

### Type of Nonprofit Organization (check one):

Fraternal     Religious     Veterans     Other Nonprofit Organization

Mailing Address: 506 W. MICHIGAN STREET City: DULUTH State and Zip: MN 55802 County: ST. LOUIS

Name of Chief Executive Officer (CEO): CHRISTINE SEITZ Daytime Phone: 218-733-7551 Email: seitz@duluthplayhouse.org

## Nonprofit Status

Attach a copy of ONE of the following for proof of nonprofit status:

- Nonprofit Articles of Incorporation OR a current Certificate of Good Standing.**  
 Don't have a copy? This certificate must be obtained each year from:  
 Minnesota Secretary of State  
 Business Services Division  
 60 Empire Drive, Suite 100  
 St. Paul, MN 55103  
 Phone: 651-296-2803
- 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 at 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:  
 a. an IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and  
 b. 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):

NORTHLAND COUNTRY CLUB

Address (do not use PO box): 3901 EAST SUPERIOR STREET City or Township: DULUTH, MN Zip Code: 55804 County: ST. LOUIS

Date(s) of activity (for raffles, indicate the date of the drawing):

MAY 15TH, 2015

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 year: \$ \_\_\_\_\_)

\***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](http://www.mn.gov/gcb) and click on **Distributors** under the **LIST OF LICENSEES**, or call 651-539-1900.

**Local Unit of Government Acknowledgment**

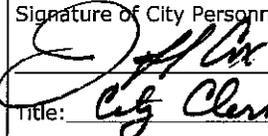
**CITY APPROVAL**  
**for a gambling premises**  
**located within city limits**

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

Signature of City Personnel: 

Title: City Clerk Date: 4/14/15

**Local unit of government must sign.**

**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 349.166.)

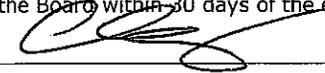
Print Township Name: \_\_\_\_\_

Signature of Township Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief Executive Officer's Signature**

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:  Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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.

**Send application with:**

a copy of your proof of nonprofit status, and

application fee (nonrefundable). If the application is postmarked or received 30 days or more before the event, the application fee is \$50; otherwise the fee is \$100. Make check payable to **State of Minnesota**.

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

**Financial report and recordkeeping required.**  
A financial report form and instructions will be sent with your permit, or use the online fill-in form available at [www.mn.gov/gcb](http://www.mn.gov/gcb).

Within 30 days of the event date, complete and return the financial report form to the Gambling Control Board. Your organization must keep all exempt raffle records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

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

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

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the

application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

MINNESOTA LAWFUL GAMBLING  
**LG214 Premises Permit Application**

**Annual Fee \$150 (NON REFUNDABLE)**

**Required Attachments to LG214**

1. If the premises is leased, attach a copy of your lease. Use **LG215 Lease for Lawful Gambling Activity**.
2. \$150 annual premises permit fee, for each permit (non refundable).  
 Make check payable to "State of Minnesota."

**Mail the application and required attachments to:**  
 Gambling Control Board  
 1711 West County Road B, Suite 300 South  
 Roseville, MN 55113

**Questions?** Call 651-639-1900 and ask for Licensing.

**Organization Information**

1. Organization name IRVING COMMUNITY ASSOCIATION License number 02305
2. Chief executive officer (CEO) KATHY RESBERG Daytime phone (218) 348-4053
3. Gambling manager GENNY HINNENKAMP Daytime phone (218) 590-2544

**Gambling Premises Information**

4. Current name of site where gambling will be conducted PLAYERS SPORTS BAR
5. List any previous names for this location \_\_\_\_\_
6. Street address where premises is located 4024 GRAND AVE  
 Do not use a P.O. box number or mailing address.

7. City	<b>OR</b>	Township	County	Zip code
<u>DULUTH</u>			<u>ST. LOUIS</u>	<u>55807</u>

8. Does your organization own the building where the gambling will be conducted?

Yes  No **If no, attach LG215 Lease for Lawful Gambling Activity.**

A lease is not required if only a raffle will be conducted.

9. Is any other organization conducting gambling at this site?  Yes  No  Don't know

10. Has your organization previously conducted gambling at this site?  Yes  No  Don't know

**Gambling Bank Account Information. Must be in Minnesota.**

11. Bank name	Bank account number		
<u>PROCTOR FEDERAL CREDIT UNION</u>	<u>1027128</u>		
12. Bank street address	City	State	Zip code
<u>3924 GRAND AVE</u>	<u>DULUTH</u>	<u>MN</u>	<u>55807</u>

**All Temporary and Permanent Off-site Storage Spaces**

13. Address (Do not use a P.O. box number)	City	State	Zip code
<u>118 S 60 AVE W</u>	<u>DULUTH</u>	<u>MN</u>	<u>55807</u>
14. Address (Do not use a P.O. box number)	City	State	Zip code
<u>40TH AVE W AND SUPERIOR STREET</u>	<u>DULUTH</u>	<u>MN</u>	<u>55807</u>

# LG214 Premises Permit Application

## Acknowledgment by Local Unit of Government: Approval by Resolution

CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Local unit of government must sign</div>	
City name <u>Duluth</u>	County name _____
Date approved by city council _____	Date approved by county board _____
Resolution number _____	Resolution number _____
Signature of city personnel <u>Kathleen D Oswald</u>	Signature of county personnel _____
Title <u>Asst City Clerk</u> Date signed <u>4/28/15</u>	Title _____ Date signed _____
	TOWNSHIP NAME _____
	<b>Complete below only if required by the county.</b> On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. [A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.]
	Print township name _____
	Signature of township officer _____
	Title _____ Date _____

## Acknowledgment and Oath

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises.</li> <li>2. The Board and its agents, and the commissioners of revenue and public safety and their agents are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law.</li> <li>3. I have read this application and all information submitted to the Board is true, accurate, and complete.</li> <li>4. All required information has been fully disclosed.</li> <li>5. I am the chief executive officer of the organization.</li> </ol> | <ol style="list-style-type: none"> <li>6. I assume full responsibility for the fair and lawful operation of all activities to be conducted.</li> <li>7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board and agree, if licensed, to abide by those laws and rules, including amendments to them.</li> <li>8. Any changes in application information will be submitted to the Board no later than 10 days after the change has taken effect.</li> <li>9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.</li> <li>10. I understand the fee is nonrefundable regardless of license approval/denial.</li> </ol> |
|---|---|

Kathy Resberg  
 Signature of Chief Executive Officer (designee may not sign) 4/28/15  
Date  
 Print name KATHY RESBERG

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 your organization's 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.

**LG215 Lease for Lawful Gambling Activity**

Organization IRVING COMMUNITY ASSOCIATION	Address 118 S 60 AVE W	License/site number 02305-038	Daytime phone 218-590-2544
Name of leased premises PLAYERS SPORTS BAR	Street address 4024 GRAND AVE	City DULUTH	State Zip MN 55807
Name of legal owner RICK MCARTHUR	Business/street address 4024 GRAND AVE	City DULUTH	State Zip MN 55807
Name of lessor [if same as legal owner, write in "SAME"] SAME	SAME		

Check applicable item:

- 1. **New lease. Do not submit existing lease with amended changes.**  
Date that the changes will be effective. Submit changes at least 10 days **before** the effective date of the change.
- 2. **New owner.** Effective date \_\_\_\_\_ Submit new lease **within** 10 days after new lessor assumes ownership.

**Check all activity that will be conducted (No lease required for raffles)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pull-tabs [paper]   | <input checked="" type="checkbox"/> Electronic pull-tabs [must also sell paper pull-tabs]   |
| <input checked="" type="checkbox"/> Pull-tabs [paper] with dispensing device                    | <input checked="" type="checkbox"/> Linked electronic bingo   |
| <input checked="" type="checkbox"/> Bar bingo <input type="checkbox"/> Bingo                    | Electronic games may only be conducted at:<br>(1) a premises licensed for the on-sale or off-sale of intoxicating liquor or 3.2 percent malt beverages [but does not include a general food store or drug store permitted to sell alcoholic beverages under Minn. Stat. 340A.405, subdivision 1]; or<br>(2) a premises where bingo is conducted as the primary business and has a seating capacity of at least 100. |
| <input checked="" type="checkbox"/> Tipboards   |   |
| <input checked="" type="checkbox"/> Paddlewheel <input type="checkbox"/> Paddlewheel with table |   |

**PULL-TAB, TIPBOARD, AND PADDLEWHEEL RENT**

**Separate rent for booth and bar ops:**

**BOOTH OPERATION** - Some or all sales of gambling equipment are conducted by an employee/volunteer of a licensed organization at the leased premises.

**ALL GAMES, including electronic games** - Monthly rent to be paid, \_\_\_\_\_%, not to exceed **10%** of gross profits for that month.  
 • Total rent paid from all organizations for only booth operations at the leased premises **may not exceed \$1,750.**  
 • The rent cap does not include **BAR OPERATION** rent for electronic games conducted by the lessor.

**BAR OPERATION** - All sales of gambling equipment conducted by the lessor or lessor's employee.

**ELECTRONIC GAMES** - Monthly rent to be paid, 15%, not to exceed **15%** of the gross profits for that month from electronic pull-tab games and electronic linked bingo games.

**ALL OTHER GAMES** - Monthly rent to be paid, 20%, not to exceed **20%** of gross profits from all other forms of lawful gambling.  
 • If any booth sales conducted by a licensed organization at the premises rent may not exceed **10%** of gross profits for that month and is subject to booth operation **\$1750** cap.

**BINGO RENT for leased premises where bingo is the primary business conducted, such as bingo hall.**

Bingo rent is limited to one of the following:

- Rent to be paid, \_\_\_\_\_%, not to exceed **10%** of the monthly gross profit from all lawful gambling activities held during bingo occasions, excluding bar bingo.
- OR -
- Rate to be paid \$ \_\_\_\_\_ per square foot, not to exceed 110% of a comparable cost per square foot for leased space, as approved by the director of the Gambling Control Board. The lessor must attach documentation, verified by the organization, to confirm the comparable rate and all applicable costs to be paid by the organization to the lessor.
  - o Rent may not be paid for bar bingo.
  - o Bar bingo does not include bingo games linked to other permitted premises.

**LEASE TERMINATION CLAUSE. Must be completed.**

The lease may be terminated by either party with a written 30 day notice.

Other terms BAR IS RESPONSIBLE FOR ALL SHORTAGES

# LG215 Lease for Lawful Gambling Activity

**Lease Term** - The term of this agreement will be concurrent with the premises permit issued by the Gambling Control Board (Board).

**Management** - The owner of the premises or the lessor will not manage the conduct of lawful gambling at the premises.

The organization may not conduct any activity on behalf of the lessor on the leased premises.

**Participation as Players Prohibited** - The lessor will not participate directly or indirectly as a player in any lawful gambling conducted on the premises. The lessor's immediate family and any agents or gambling employees of the lessor will not participate as players in the conduct of lawful gambling on the premises, except as authorized by Minnesota Statutes 349.181.

**Illegal Gambling** - The lessor is aware of the prohibition against illegal gambling in Minnesota Statutes 609.75, and the penalties for illegal gambling violations in Minnesota Rules 7865.0220, Subpart 3. In addition, the Board may authorize the organization to withhold rent for a period of up to 90 days if the Board determines that illegal gambling occurred on the premises or that the lessor or its employees participated in the illegal gambling or knew of the gambling and did not take prompt action to stop the gambling. Continued tenancy of the organization is authorized without payment of rent during the time period determined by the Board for violations of this provision, as authorized by Minnesota Statutes 349.18, Subdivision 1(a).

To the best of the lessor's knowledge, the lessor affirms that any and all games or devices located on the premises are not being used, and are not capable of being used, in a manner that violates the prohibitions against illegal gambling in Minnesota Statutes 609.75.

Notwithstanding Minnesota Rules 7865.0220, Subpart 3, an organization must continue making rent payments under the terms of this lease, if the organization or its agents are found to be solely responsible for any illegal gambling, conducted at this site, that is prohibited by Minnesota Rules 7861.0260, Subpart 1, item H or Minnesota Statutes 609.75, unless the organization's agents responsible for the illegal gambling activity are also agents or employees of the lessor.

The lessor must not modify or terminate the lease in whole or in part because the organization reported, to a state or local law enforcement authority or the Board, the conduct of illegal gambling activity at this site in which the organization did not participate.

**Other Prohibitions** - The lessor will not impose restrictions on the organization with respect to providers (distributor or linked bingo game provider) of gambling-related equipment and services or in the use of net profits for lawful purposes.

The lessor, the lessor's immediate family, any person residing in the same residence as the lessor, and any agents or employees of the lessor will not require the organization to perform any action that would violate statute or rule. The lessor must not modify or terminate this lease in whole or in part due to the lessor's violation of this provision. If there is a dispute as to whether a violation occurred, the lease will remain in effect pending a final determination by the Compliance Review Group (CRG) of the Gambling Control Board. The lessor agrees to arbitration when a violation of this provision is alleged. The arbitrator shall be the CRG.

**Access to permitted premises** - Consent is given to the Board and its agents, the commissioners of revenue and public safety and their agents, and law enforcement personnel to enter and inspect the permitted premises at any reasonable time during the business hours of the lessor. The organization has access to the premises during any time reasonable and when necessary for the conduct of lawful gambling.

**Lessor records** - The lessor must maintain a record of all money received from the organization, and make the record available to the Board and its agents, and the commissioners of revenue and public safety and their agents upon demand. The record must be maintained for 3-1/2 years.

**Rent all-inclusive** - Amounts paid as rent by the organization to the lessor are all-inclusive. No other services or expenses provided or contracted by the lessor may be paid by the organization, including but not limited to:

- trash removal
- electricity, heat
- snow removal
- storage
- janitorial and cleaning services
- other utilities or services
- lawn services
- security, security monitoring
- cost of any communication network or service required to conduct electronic pull-tabs games or electronic bingo
- in the case of bar operations, cash shortages.

Any other expenditures made by an organization that is related to a leased premises must be approved by the director of the Gambling Control Board. Rent payments may not be made to an individual.

## Acknowledgment of Lease Terms

I affirm that this lease is the total and only agreement between the lessor and the organization, and that all obligations and agreements are contained in or attached to this lease and are subject to the approval of the director of the Gambling Control Board.

### Other terms of the lease

BAR IS RESPONSIBLE FOR ALL PULLTAB AND CASH SHORTAGES

Signature of lessor

*Rick Marthor*

Date

4-25-15

Signature of organization official [lessee]

*Kathy Resberg*

Date

4/28/15

Print name and title of lessor

RICK Marthor

Print name and title of lessee

KATHY RESBERG

**Questions?** Contact the Licensing Section, Gambling Control Board, at 651-539-1900. This publication will be made available in alternative format (i.e. large print, Braille) upon request. **Data privacy notice:** The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.

**LG214 Premises Permit Application****Annual Fee \$150 (NON REFUNDABLE)****Required Attachments to LG214**

1. If the premises is leased, attach a copy of your lease. Use **LG215 Lease for Lawful Gambling Activity**.
2. \$150 annual premises permit fee, for each permit (non refundable).  
Make check payable to "State of Minnesota."

**Mail the application and required attachments to:**  
 Gambling Control Board  
 1711 West County Road B, Suite 300 South  
 Roseville, MN 55113

**Questions?** Call 651-539-1900 and ask for Licensing.

**Organization Information**

1. Organization name CONFIDENCE LEARNING CENTER License number 00691-
2. Chief executive officer (CEO) JEFF OLSON Daytime phone (218) 828-2344
3. Gambling manager MICHELLE MATHIS Daytime phone (218) 828-2344

**Gambling Premises Information**

4. Current name of site where gambling will be conducted ALPINE BAR
5. List any previous names for this location ACE HIGH 1982 CHANGED TO ALPINE BAR
6. Street address where premises is located 1308 COMMONWEALTH AVE.  
Do not use a P.O. box number or mailing address.

7. City DULUTH **OR** Township \_\_\_\_\_ County ST. LOUIS Zip code 55808

8. Does your organization own the building where the gambling will be conducted?

Yes  No **If no, attach LG215 Lease for Lawful Gambling Activity.**

A lease is not required if only a raffle will be conducted.

9. Is any other organization conducting gambling at this site?  Yes  No  Don't know
10. Has your organization previously conducted gambling at this site?  Yes  No  Don't know

**Gambling Bank Account Information. Must be in Minnesota.**

11. Bank name WELLS FARGO Bank account number \_\_\_\_\_
12. Bank street address 3931 W. SUPERIOR ST. City Duluth State MN Zip code 55807

**All Temporary and Permanent Off-site Storage Spaces**

13. Address (Do not use a P.O. box number) \_\_\_\_\_ City \_\_\_\_\_ State MN Zip code \_\_\_\_\_
14. Address (Do not use a P.O. box number) \_\_\_\_\_ City \_\_\_\_\_ State MN Zip code \_\_\_\_\_

**Acknowledgment by Local Unit of Government: Approval by Resolution**

<p><b>CITY APPROVAL</b> for a gambling premises located within city limits</p>	<p><b>COUNTY APPROVAL</b> for a gambling premises located in a township</p>
<p>Local unit of government must sign</p>	
City name <u>Duluth</u>	County name _____
Date approved by city council _____	Date approved by county board _____
Resolution number _____	Resolution number _____
Signature of city personnel <u>Maisha D Swab</u>	Signature of county personnel _____
Title <u>Asst City Clerk</u> Date signed <u>4/29/15</u>	Title _____ Date signed _____
	TOWNSHIP NAME _____
	<b>Complete below only if required by the county.</b> On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. [A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.]
	Print township name _____
	Signature of township officer _____
	Title _____ Date _____

**Acknowledgment and Oath**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises.</li> <li>2. The Board and its agents, and the commissioners of revenue and public safety and their agents are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law.</li> <li>3. I have read this application and all information submitted to the Board is true, accurate, and complete.</li> <li>4. All required information has been fully disclosed.</li> <li>5. I am the chief executive officer of the organization.</li> </ol> | <ol style="list-style-type: none"> <li>6. I assume full responsibility for the fair and lawful operation of all activities to be conducted.</li> <li>7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board and agree, if licensed, to abide by those laws and rules, including amendments to them.</li> <li>8. Any changes in application information will be submitted to the Board no later than 10 days after the change has taken effect.</li> <li>9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.</li> <li>10. I understand the fee is nonrefundable regardless of license approval/denial.</li> </ol> |
|---|---|

Signature of Chief Executive Officer (designee may not sign) \_\_\_\_\_ Date \_\_\_\_\_  
 Print name JEFF OLSON

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 your organization's 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.

**LG215 Lease for Lawful Gambling Activity**

Organization CONFIDENCE LEARNING CENTER		Address 1620 Mary Fawcet Memorial Drive		License/site number 00691-		Daytime phone 218-828-234	
Name of leased premises Alpine Bar		Street address 1308 commonwealth Ave.		City Duluth		State MN	
				Zip 55808		Daytime phone 218-626-9979	
Name of legal owner Kim Eskola		Business/street address 1308 commonwealth Ave.		City		State Mn	
				Zip		Daytime phone 218-626-9979	
Name of lessor [if same as legal owner, write in "SAME"] SAME							

Check applicable item:

1. **New lease. Do not submit existing lease with amended changes.**  
 \_\_\_\_\_ Date that the changes will be effective. Submit changes at least 10 days **before** the effective date of the change.

2. **New owner.** Effective date \_\_\_\_\_ Submit new lease **within** 10 days after new lessor assumes ownership.

**Check all activity that will be conducted (No lease required for raffles)**

<input checked="" type="checkbox"/> Pull-tabs [paper]	<input type="checkbox"/> Electronic pull-tabs [must also sell paper pull-tabs]
<input checked="" type="checkbox"/> Pull-tabs [paper] with dispensing device	<input type="checkbox"/> Linked electronic bingo
<input checked="" type="checkbox"/> Bar bingo <input type="checkbox"/> Bingo	Electronic games may only be conducted at: (1) a premises licensed for the on-sale or off-sale of intoxicating liquor or 3.2 percent malt beverages [but does not include a general food store or drug store permitted to sell alcoholic beverages under Minn. Stat. 340A.405, subdivision 1]; or (2) a premises where bingo is conducted as the primary business and has a seating capacity of at least 100.
<input checked="" type="checkbox"/> Tipboards	
<input type="checkbox"/> Paddlewheel <input type="checkbox"/> Paddlewheel with table	

**PULL-TAB, TIPBOARD, AND PADDLEWHEEL RENT**  
 Separate rent for booth and bar ops.

**BOOTH OPERATION** - Some or all sales of gambling equipment are conducted by an employee/volunteer of a licensed organization at the leased premises.

**ALL GAMES, including electronic games** - Monthly rent to be paid, \_\_\_%, not to exceed **10%** of gross profits for that month.  
 • Total rent paid from all organizations for only booth operations at the leased premises **may not exceed \$1,750.**  
 • The rent cap does not include BAR OPERATION rent for electronic games conducted by the lessor.

**BAR OPERATION** - All sales of gambling equipment conducted by the lessor or lessor's employee.

**ELECTRONIC GAMES** - Monthly rent to be paid, \_\_\_\_\_%, not to exceed **15%** of the gross profits for that month from electronic pull-tab games and electronic linked bingo games.

**ALL OTHER GAMES** - Monthly rent to be paid, <sup>20</sup>\_\_\_%, not to exceed **20%** of gross profits from all other forms of lawful gambling.  
 • If any booth sales conducted by a licensed organization at the premises rent may not exceed **10%** of gross profits for that month and is subject to booth operation **\$1750** cap.

**BINGO RENT for leased premises where bingo is the primary business conducted, such as bingo hall.**

Bingo rent is limited to one of the following:

- Rent to be paid, \_\_\_\_\_%, not to exceed **10%** of the monthly gross profit from all lawful gambling activities held during bingo occasions, excluding bar bingo.
- OR -
- Rate to be paid \$ \_\_\_\_\_ per square foot, not to exceed 110% of a comparable cost per square foot for leased space, as approved by the director of the Gambling Control Board. The lessor must attach documentation, verified by the organization, to confirm the comparable rate and all applicable costs to be paid by the organization to the lessor.
  - o Rent may not be paid for bar bingo.
  - o Bar bingo does not include bingo games linked to other permitted premises.

**LEASE TERMINATION CLAUSE. Must be completed.**

The lease may be terminated by either party with a written <sup>30</sup>\_\_\_\_\_ day notice.

Other terms \_\_\_\_\_

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# LG215 Lease for Lawful Gambling Activity

**Lease Term** - The term of this agreement will be concurrent with the premises permit issued by the Gambling Control Board (Board).

**Management** - The owner of the premises or the lessor will not manage the conduct of lawful gambling at the premises.

The organization may not conduct any activity on behalf of the lessor on the leased premises.

**Participation as Players Prohibited** - The lessor will not participate directly or indirectly as a player in any lawful gambling conducted on the premises. The lessor's immediate family and any agents or gambling employees of the lessor will not participate as players in the conduct of lawful gambling on the premises, except as authorized by Minnesota Statutes 349.181.

**Illegal Gambling** - The lessor is aware of the prohibition against illegal gambling in Minnesota Statutes 609.75, and the penalties for illegal gambling violations in Minnesota Rules 7865.0220, Subpart 3. In addition, the Board may authorize the organization to withhold rent for a period of up to 90 days if the Board determines that illegal gambling occurred on the premises or that the lessor or its employees participated in the illegal gambling or knew of the gambling and did not take prompt action to stop the gambling. Continued tenancy of the organization is authorized without payment of rent during the time period determined by the Board for violations of this provision, as authorized by Minnesota Statutes 349.18, Subdivision 1(a).

To the best of the lessor's knowledge, the lessor affirms that any and all games or devices located on the premises are not being used, and are not capable of being used, in a manner that violates the prohibitions against illegal gambling in Minnesota Statutes 609.75.

Notwithstanding Minnesota Rules 7865.0220, Subpart 3, an organization must continue making rent payments under the terms of this lease, if the organization or its agents are found to be solely responsible for any illegal gambling, conducted at this site, that is prohibited by Minnesota Rules 7861.0260, Subpart 1, Item H or Minnesota Statutes 609.75, unless the organization's agents responsible for the illegal gambling activity are also agents or employees of the lessor.

The lessor must not modify or terminate the lease in whole or in part because the organization reported, to a state or local law enforcement authority or the Board, the conduct of illegal gambling activity at this site in which the organization did not participate.

**Other Prohibitions** - The lessor will not impose restrictions on the organization with respect to providers (distributor or linked bingo game provider) of gambling-related equipment and services or in the use of net profits for lawful purposes.

The lessor, the lessor's immediate family, any person residing in the same residence as the lessor, and any agents or employees of the lessor will not require the organization to perform any action that would violate statute or rule. The lessor must not modify or terminate this lease in whole or in part due to the lessor's violation of this provision. If there is a dispute as to whether a violation occurred, the lease will remain in effect pending a final determination by the Compliance Review Group (CRG) of the Gambling Control Board. The lessor agrees to arbitration when a violation of this provision is alleged. The arbitrator shall be the CRG.

**Access to permitted premises** - Consent is given to the Board and its agents, the commissioners of revenue and public safety and their agents, and law enforcement personnel to enter and inspect the permitted premises at any reasonable time during the business hours of the lessor. The organization has access to the premises during any time reasonable and when necessary for the conduct of lawful gambling.

**Lessor records** - The lessor must maintain a record of all money received from the organization, and make the record available to the Board and its agents, and the commissioners of revenue and public safety and their agents upon demand. The record must be maintained for 3-1/2 years.

**Rent all-inclusive** - Amounts paid as rent by the organization to the lessor are all-inclusive. No other services or expenses provided or contracted by the lessor may be paid by the organization, including but not limited to:

- trash removal
- electricity, heat
- snow removal
- storage
- cost of any communication network or service required to conduct electronic pull-tabs games or electronic bingo
- in the case of bar operations, cash shortages.
- janitorial and cleaning services
- other utilities or services
- lawn services
- security, security monitoring

Any other expenditures made by an organization that is related to a leased premises must be approved by the director of the Gambling Control Board. Rent payments may not be made to an individual.

**Acknowledgment of Lease Terms**

I affirm that this lease is the total and only agreement between the lessor and the organization, and that all obligations and agreements are contained in or attached to this lease and are subject to the approval of the director of the Gambling Control Board.

**Other terms of the lease**

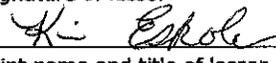
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Signature of lessor Date  
 4-29-15  
 Print name and title of lessor  
 Kim Eskola Owner/Manager

Signature of organization official [lessee] Date  
 \_\_\_\_\_  
 Print name and title of lessee

**Questions?** Contact the Licensing Section, Gambling Control Board, at 651-539-1900. This publication will be made available in alternative format (i.e. large print, Braille) upon request. **Data privacy notice:** The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.



**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 4-17-2015  
 LICENSE # 760183

**LICENSE APPLICATION**

**LICENSE**

**TWO A. M. BEVERAGE LICENSE**

**FEE**

**N/C (See State Form for fee)**

**LICENSEE BUSINESS NAME & ADDRESS**

THE GREENS DULUTH, INC dba THE BREAK ROOM  
501 E 4TH ST.  
DULUTH, MN 55805

**TRADE NAME: THE BREAK ROOM**

**BUSINESS PHONE: 218-464-0820**

**LICENSE PERIOD: \_\_\_\_\_**

**MANAGER'S NAME/ADDR/PHONE NO.**

DANIEL C. WITZMAN  
114 S. BASSWOOD AVE  
DULUTH, MN 55811

**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 C. Witzman*  
 Signature of Applicant

Mailing Address (If different from above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**FOR OFFICE USE ONLY**  
 DATE 4-17-2015  
 LICENSE # 21

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 =	\$ 0
<b>TOTAL:</b>	<b>\$ 358.00</b>

LICENSEE CORP NAME & BUSINESS ADDRESS:

PDL OF DULUTH, INC.  
331 CANAL PARK DRIVE  
Duluth, MN 55802

D/B/A OR TRADE NAME: CLUB SARATOGA

CELL OR BUSINESS PHONE NO. 218-393-0425

MANAGER'S NAME & ADDRESS & PHONE #

PHIL FISH  
4245 LAVAQUE ROAD  
HERMANTOWN, MN 55811  
218-393-0425

EVENT LICENSE PERIOD: 6-20-2015

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:

CLUB SARATOGA  
331 CANAL PARK DRIVE  
Duluth, MN 55802

EMAIL: danblowe@comcast.net

Would you like notifications via email? YES  NO

Date of Application \_\_\_\_\_  
License No. \_\_\_\_\_

**TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)**

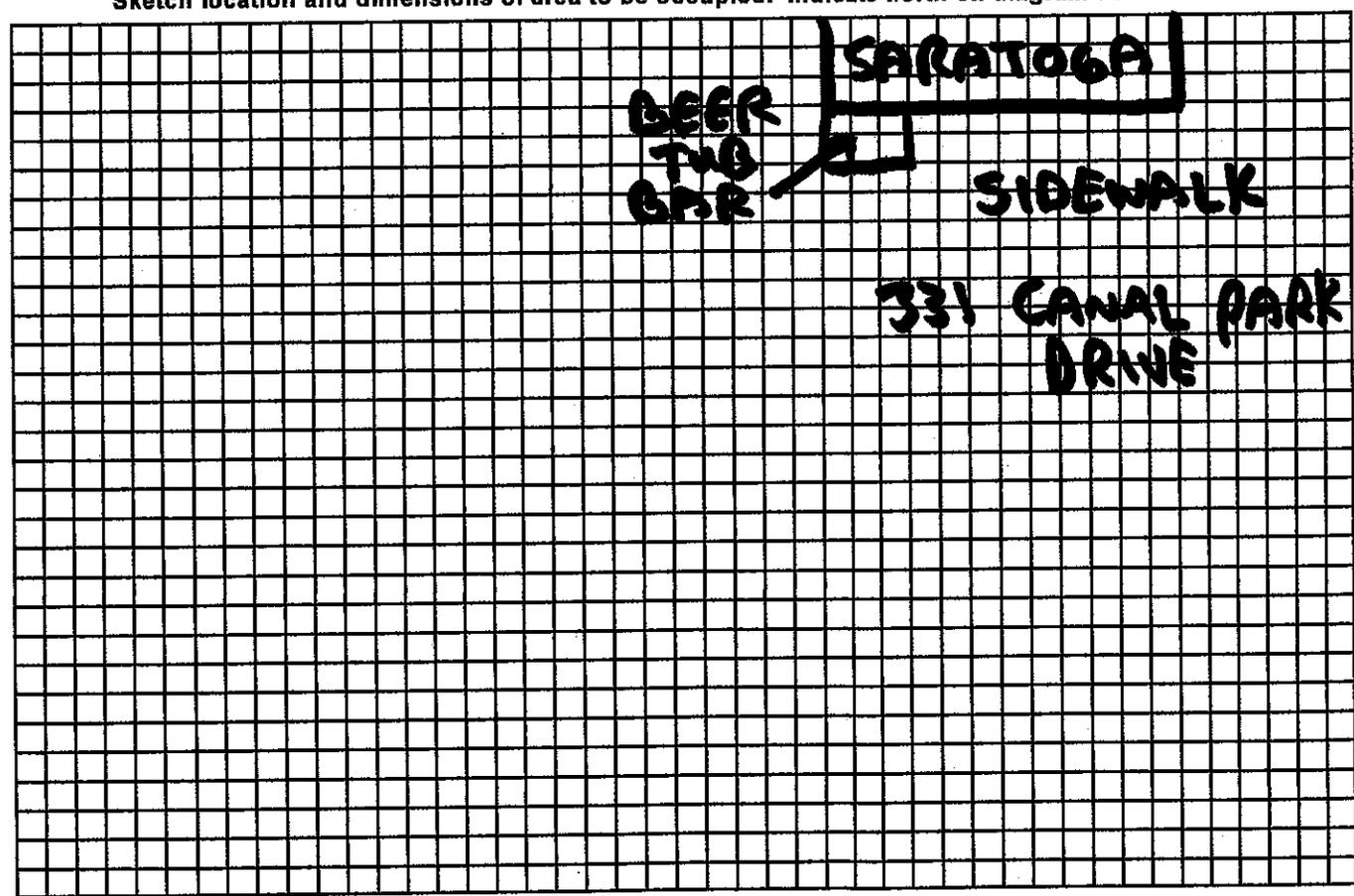
Owner: PDL OF DULUTH, INC (d/b/a) Trade Name: CLUB SARATOGA  
Date of Event: 6-20-2015 Address: 331 CANAL PARK DR Duluth, MN 55802  
Name of Event: GRANDMA'S MARATHON Time of Event: 8:00 AM - 4:00 PM  
Security Personnel: PAUL FISH Firm: CLUB SARATOGA

**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.

*David B. Jove*  
Signature of owner/authorized representative



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 Duluth, Minnesota 55802-1189  
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 Fax (218) 730-5923

FOR OFFICE USE ONLY	
DATE	<u>4-21-2015</u>
LICENSE #	<u>23</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 =	\$ 178
<b>TOTAL:</b>	<b>\$ 536.00</b>

LICENSEE CORP NAME & BUSINESS ADDRESS:

Lake Effect Inc  
Lake Ave Restaurant & Bar  
394 S. Lake Ave 55802

D/B/A OR TRADE NAME: Lake Ave Restaurant & Bar

CELL OR BUSINESS PHONE NO. 218-722-2355

MANAGER'S NAME & ADDRESS & PHONE #

Derek Snyder  
4728 Norwood St.  
Duluth MN 55804  
218-721-2034

EVENT LICENSE PERIOD: June 19<sup>th</sup> - 20<sup>th</sup> 2015

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]

Signature of Applicant

MAILING ADDRESS:

394 S. Lake Ave  
Duluth MN 55802

EMAIL: Derek.Duluth@gmail.com

Would you like notifications via email? YES  NO

Date of Application \_\_\_\_\_  
License No. \_\_\_\_\_

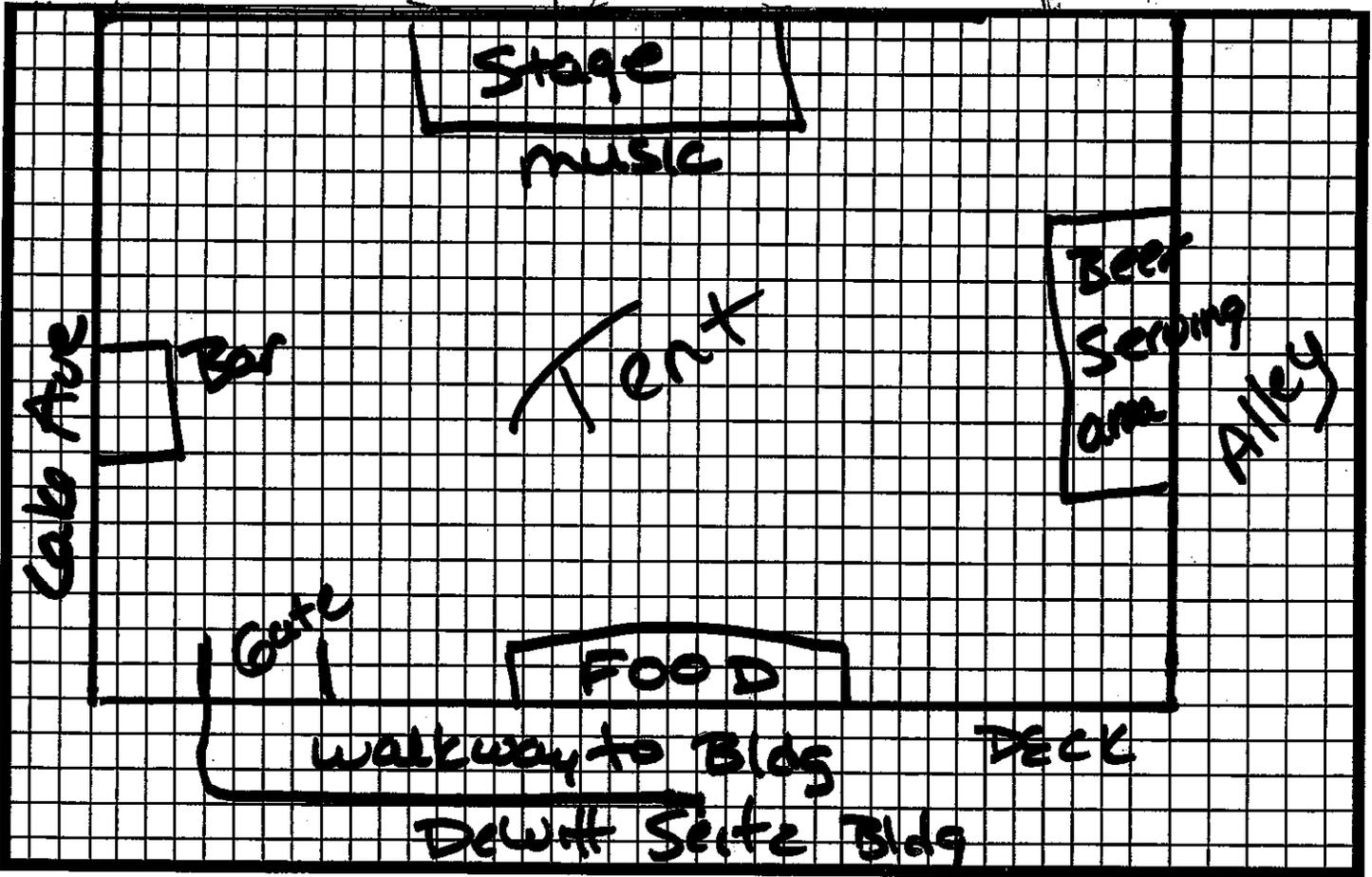
**TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)**

Owner: Derek Snyder (d/b/a) Trade Name: Lake Ave Restaurant and Bar  
Date of Event: June 19<sup>th</sup>, 20<sup>th</sup> 2015 Address: 394 S. Lake Ave Duluth MN  
Name of Event: Lake Ave Live Time of Event: Friday 7-1; Sat 4-1  
Security Personnel: Mark Swenson 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." *fencing around w/ snowfencing (Orange)*



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

*[Signature]*  
\_\_\_\_\_  
Signature of owner/authorized representative



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FOR OFFICE USE ONLY	
DATE	<u>4-20-2015</u>
LICENSE #	<u>22</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 =	<b>\$358.00</b>
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
<b>TOTAL:</b>	<b>\$</b>

LICENSEE CORP NAME & BUSINESS ADDRESS:  
Grandma's Restaurant Company  
525 Lake Ave. S.  
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  
426 W. Winona St.  
Duluth, MN 55803

EVENT LICENSE PERIOD: Sat. June 20, 2015

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.

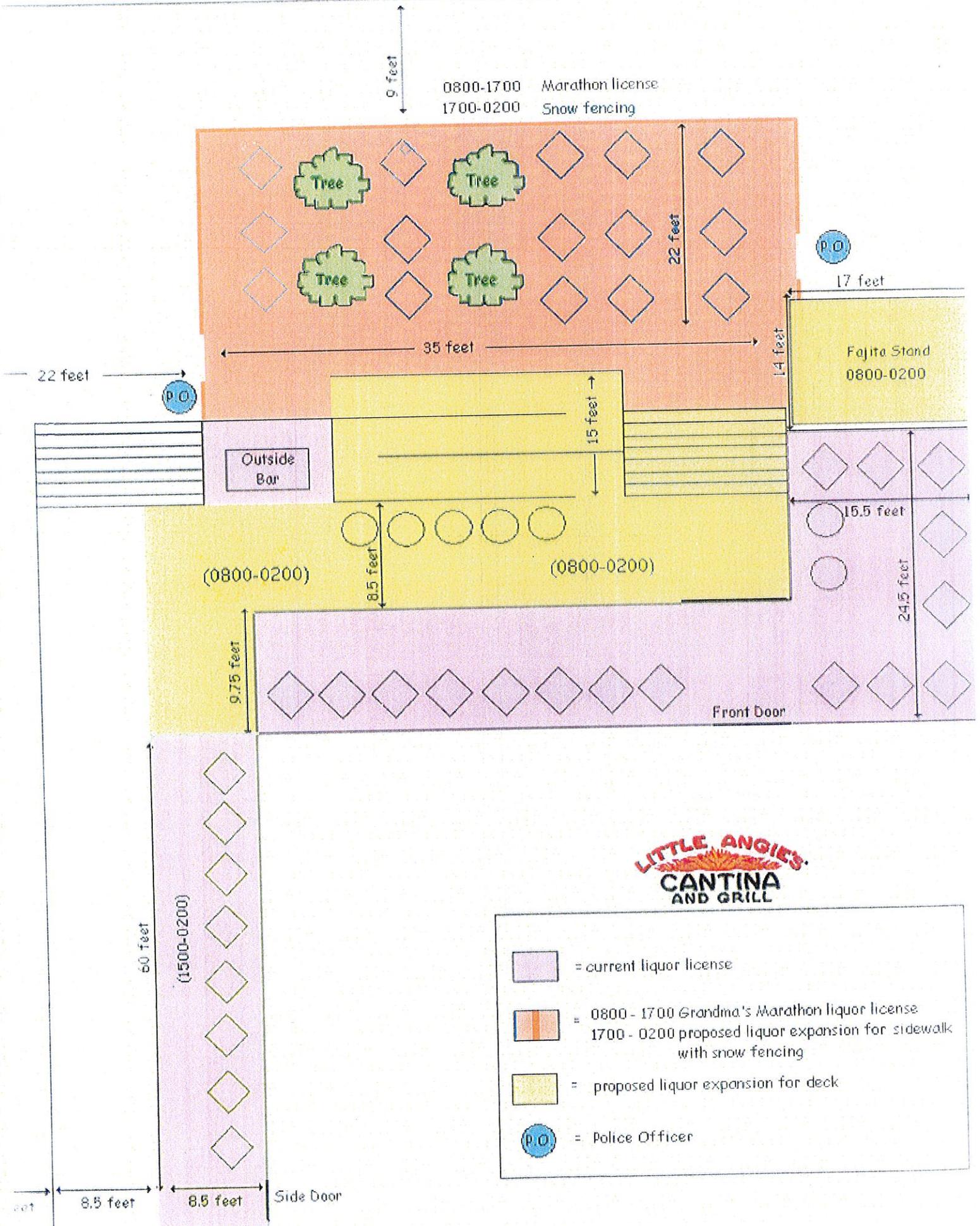
Sandy Kolasinski  
 Signature of Applicant

MAILING ADDRESS:

11 E. Buchanan St.  
Duluth, MN 55802

EMAIL: Sandyk@greecorp.com

Would you like notifications via email? YES  NO



-  = 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



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**FOR OFFICE USE ONLY**  
 DATE 4-16-2015  
 LICENSE # 700187

**GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING:** The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

**APPLICATION TO TRANSFER ON SALE LIQUOR LICENSE**

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Intoxicating Liquor ✓		\$358	358
On Sale Sunday ✓	178	n/c	
Dancing	1,130	n/c	
Additional Bar	571	n/c	
After Hours Entertainment	262	n/c	
2:00 a.m. (Issued by State)	See State form	n/c	
		<b>TOTAL:</b>	<b>\$</b>

**LICENSEE LEGAL NAME, ADDRESS & PHONE:**  
 (Individual, Corporation, Partnership, LLC)  
Jade Fountain LLC  
305 N Central Ave  
Duluth Mn.  
55807

**BUSINESS NAME & ADDRESS:**  
Jade Fountain LLC  
305 N Central Ave 55807

**BUSINESS PHONE:** \_\_\_\_\_

**MANAGER'S NAME, ADDRESS & PHONE**  
Amanda Keelligher  
5611 Cody St.  
Duluth MN 55807  
218-310-7021

**NAME & ADDRESS OF PROPERTY OWNER:**  
Amanda + Joshua Keelligher  
5611 Cody St.  
Duluth Mn 55807

**LICENSE PERIOD:** Ending 8/31/

**License transferred from (provide documentation from existing licensee approving transfer):**  
Liquor license # 759834

**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.**

Amanda Keelligher  
 Signature of Applicant

**MAILING ADDRESS:**  
5611 Cody St  
Duluth Mn  
55807



**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: Amanda + Joshua Kalligher
2. Trade Name: Jade fountain LLC
3. Address of place to be licensed: 305 N Central Ave
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Name and address of owner of building: 5611 Cody St. Duluth Mn 55807.  
Any connection with applicant? yes Who receives the rent: we are the owners.
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
Amanda + Joshua Kalligher 5611 Cody St. Duluth Mn 55807
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
Amanda + Joshua Kalligher 50% + 50%
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
4 blocks
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail: \$200,000 - w/ \$15,000 down - \$2500 - a month payment - deed -

**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: Amanda Kalligher Date: 4-3-15  
Signature: Josh Kalligher Date: 4-3-15



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

FOR OFFICE USE ONLY	
DATE	_____
LICENSE #	_____

**LICENSE APPLICATION**

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

LICENSEE CORP NAME & BUSINESS ADDRESS:

Shotz Bar Inc  
1321 Commonwealth Ave  
Duluth mn 55808

\*\* MANAGER'S NAME & ADDRESS & PHONE #

Same as above

D/B/A or TRADE NAME:

Shotz Bar

CELL OR BUSINESS PHONE

NO. 218-591-3836

\*\* EVENT LICENSE PERIOD:

6/28/15

\*\*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.

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:

Shotz Bar Inc  
1321 Commonwealth Ave  
Duluth mn  
55808

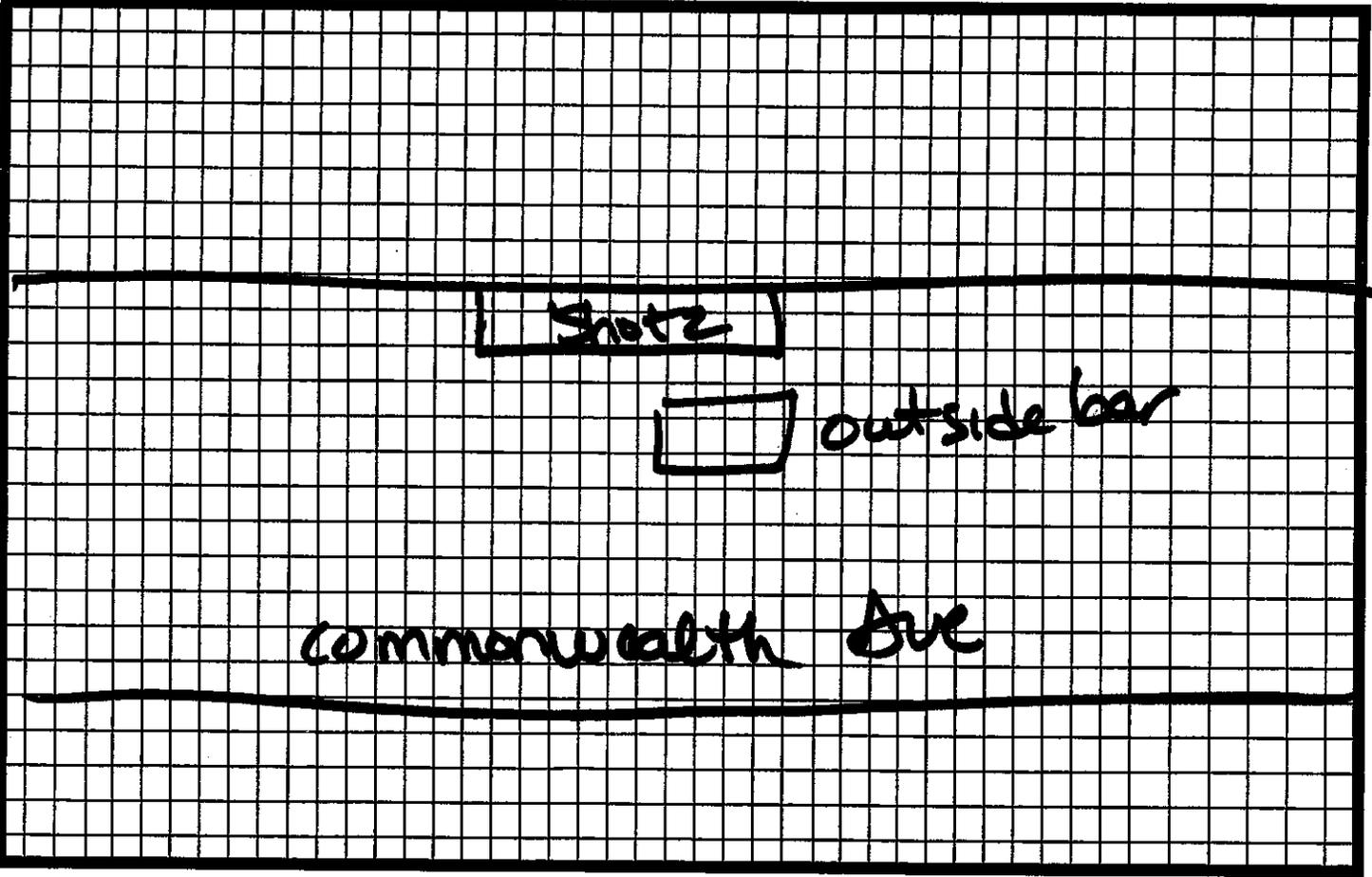
**TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)**

Owner: Kathleen M. Rose (d/b/a)\*Trade Name: Shotz Bar Inc  
Date of Event: 6-27-2015 \*Address 1321 Commonwealth Ave W. Duluth MN 55804  
\*Name of Event: Fair West Fest \*Time of Event: all Day  
\*Security Personnel: myself & Friends / Personal 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.

*Kathleen M. Rose*  
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 \_\_\_\_\_  
 LICENSE # \_\_\_\_\_

**LICENSE APPLICATION**

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$356.00
<b>TOTAL: \$ 714.00</b>	

**LICENSEE CORP NAME & BUSINESS ADDRESS:**

ALPINE BAR & LOUNGE INC  
1308 Commonwealth Ave.  
Duluth MN, 55808

**D/B/A or TRADE NAME:** ALPINE BAR & LOUNGE INC

**CELL OR BUSINESS PHONE NO.** 218 626-9979

**\*\* MANAGER'S NAME & ADDRESS & PHONE #**

Kim Eskola  
1308 Commonwealth Ave.  
Duluth MN 55808

**\*\* EVENT LICENSE PERIOD:** 6-26-15 - 6-28-15

**\*\*RAIN DATE: YES \_\_\_ NO**

**IF YES, DATE:** \_\_\_\_\_

**NEW INFORMATION**

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Kim Eskola  
 Signature of Applicant

**MAILING ADDRESS:**

1308 Commonwealth Ave  
Duluth mn 55808

**TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)**

Owner: Kim Eskola (d/b/a)\*Trade Name: Alpine Bar & Lounge

Date of Event: June 26-28, 2015

\*Name of Event: FAR WEST WEST STREET DANCE \*Time of Event: Fri - 7:00<sup>pm</sup> - midnight

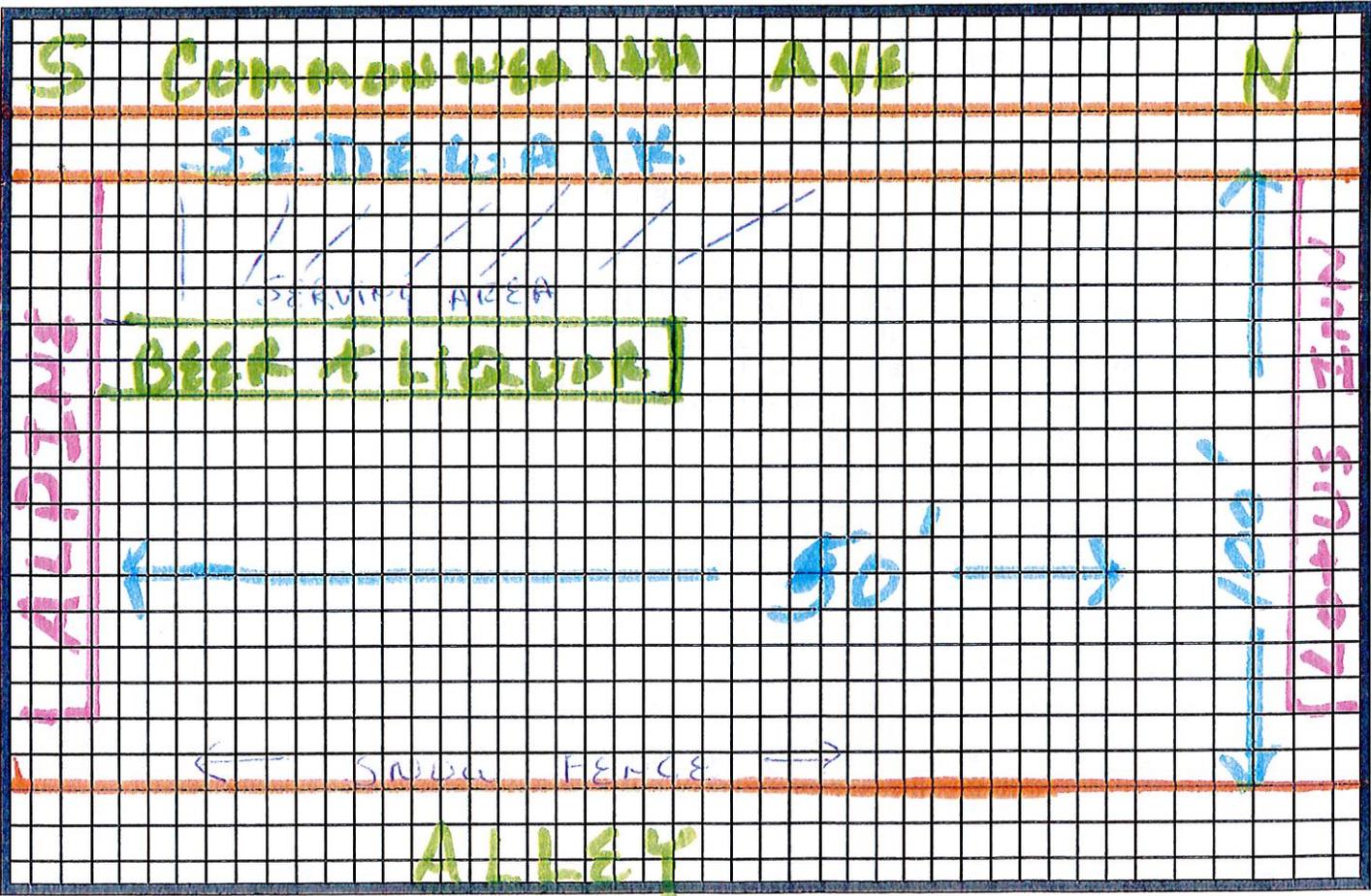
\*Security Personnel: Duluth PD \*Firm: Sat - 7:00pm to 1:00am

Sun - 11:00am - 3:00pm

**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)**



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Kim Eskola  
 Signature of owner/authorized representative



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**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 #	_____

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 =	\$ ----
<b>TOTAL:</b>	<b>\$358.00</b>

**LICENSEE CORP NAME & BUSINESS ADDRESS:**  
 Lemon Reef, Inc.  
 2002 London Road  
 Duluth, MN 55812

**D/B/A OR TRADE NAME:** The Reef Bar

**CELL OR BUSINESS PHONE NO.** 218-724-9845

**MANAGER'S NAME & ADDRESS & PHONE #**  
 Dan Landgren 218-590-9325 (Cell)  
 2331 East Fifth Street  
 Duluth, MN 55812

**EVENT LICENSE PERIOD:** June 20, 2015

**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.

Mary J. Bjorklund  
 Signature of Applicant

**MAILING ADDRESS:**  
 Reef Bar  
 412 North Fifth Avenue East  
 Duluth, MN 55805

**EMAIL:** lemonproperties@outlook.com

**Would you like notifications via email?** YES  NO

Date of Application \_\_\_\_\_  
License No. \_\_\_\_\_

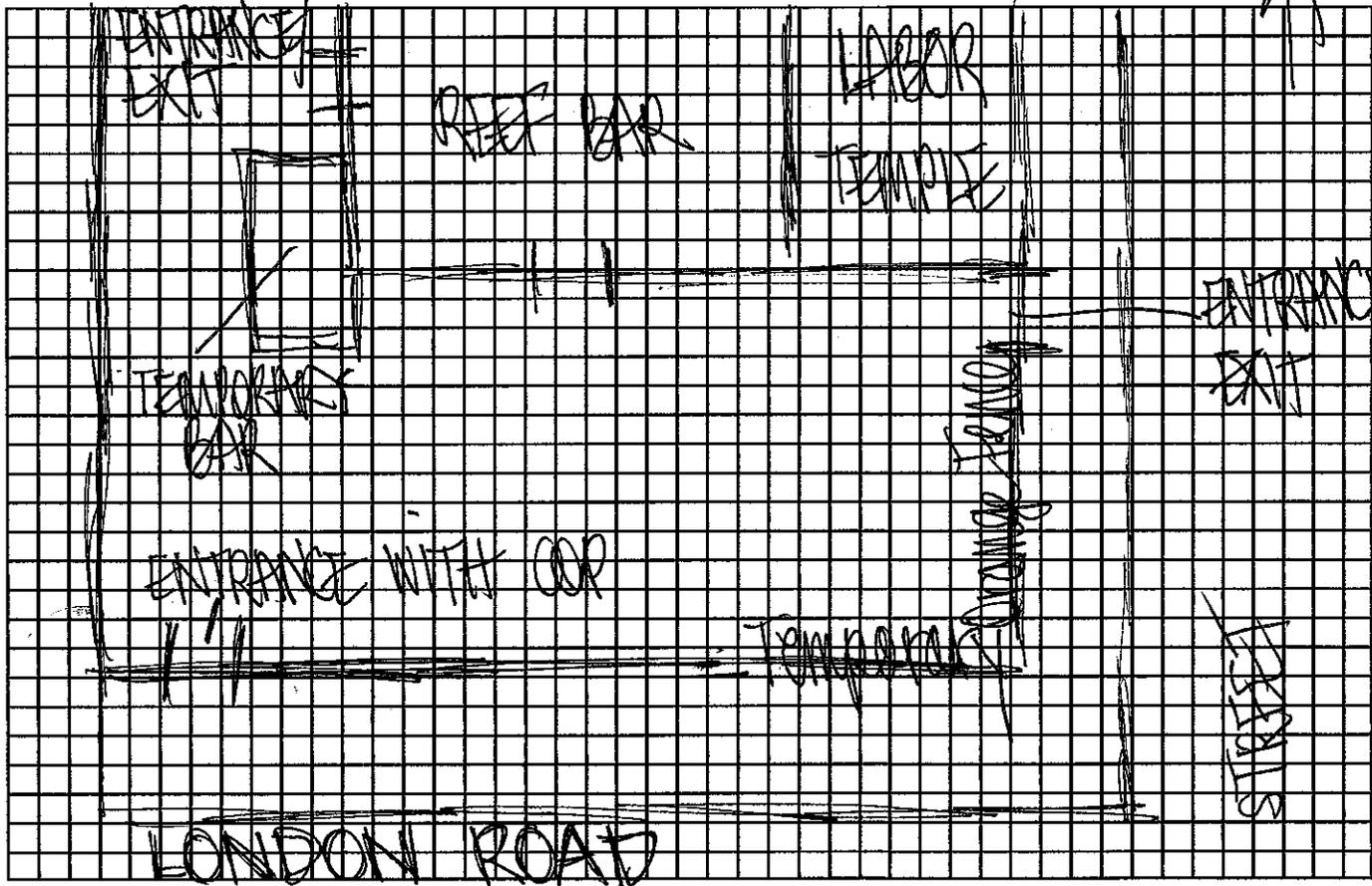
**TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)**

Owner: Lemon's Reef, Inc. (d/b/a) Trade Name: The Reef Bar  
Date of Event: Saturday, June 20, 2015 Address: 2002 London Road, Duluth, MN 55812  
Name of Event: Grandma's Marathon Time of Event: 8:00 am - 2:00 pm  
Security Personnel: Yes Firm: DPD

**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."
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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.

*Mary S. Bjorklund*  
\_\_\_\_\_  
Signature of owner/authorized representative



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

<b>FOR OFFICE USE ONLY</b>	
DATE	_____
LICENSE #	_____

**LICENSE APPLICATION**

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES = 1 DAY	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY = 0	\$ 0
<b>TOTAL: \$ 358 -</b>	

**LICENSEE CORP NAME & BUSINESS ADDRESS:**

BERGEY'S LLC  
 2232 W 5th St  
 Duluth, MN

**\*\* MANAGER'S NAME & ADDRESS & PHONE #**

WILLIAM BERG  
 526 N 4th Ave W  
 Duluth, MN

**D/B/A or TRADE NAME:**

BERGEY'S

**CELL OR BUSINESS PHONE**

NO. 722 5879

**\*\* EVENT LICENSE PERIOD:** 6-27-15

**\*\*RAIN DATE:** YES \_\_\_ NO

**IF YES, DATE:** \_\_\_\_\_

**NEW INFORMATION**

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**Signature of Applicant**

**MAILING ADDRESS:**

BERGEY'S  
 2232 W 5th St  
 Duluth, MN 55806

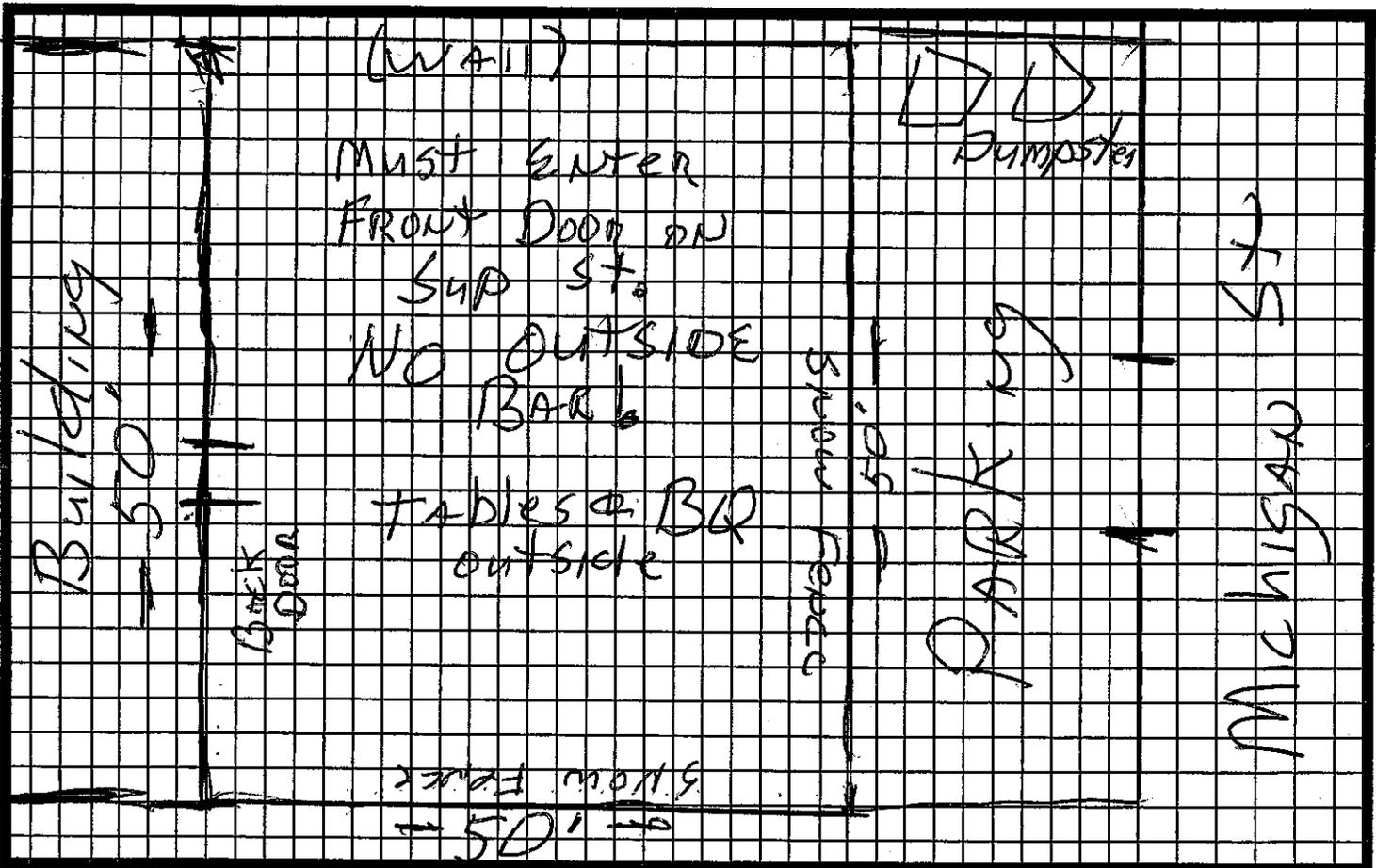
**TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)**

Owner: WILLIAM BERG (d/b/a)\*Trade Name: BERGER'S  
Date of Event: 6-27-15 \*Address: 2232 W SUP ST  
\*Name of Event: WEDDING RECEPTION \*Time of Event: 12 NOON till 8 PM  
\*Security Personnel: TOOD WAGNER \*Firm: THE BEST CAKE SQUAD  
PRIVATE PROTECTIVE SERVICE

**DIAGRAM MUST SHOW:**

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



23<sup>RD</sup> Ave W

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Signature of owner/authorized representative

2015

Temp. Exp. of  
Liquor License



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 # \_\_\_\_\_

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

Festiversary 2015

LICENSE APPLICATION

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

LICENSEE CORP NAME & BUSINESS ADDRESS:  
Bent Paddle Brewing Co.  
1912 West Michigan St.  
Duluth, MN 55806

D/B/A OR TRADE NAME: n/a

CELL OR BUSINESS PHONE NO. 219-2722  
x303

MANAGER'S NAME & ADDRESS & PHONE #  
Laura Mullen  
Same  
cell 721-2176

EVENT LICENSE PERIOD: Sat., May 30, 2015

RAIN DATE? YES  NO

IF YES, DATE: \_\_\_\_\_

NEW INFORMATION

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- SECURITY:** Supply information to the License Inspector (218-730-5421). officer Vang
- 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). James 4/28<sup>th</sup> Nothing Needed from them

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Laura S.F. Mullen  
Signature of Applicant

MAILING ADDRESS:  
Bent Paddle Brewing Co.  
1912 W. Michigan St.  
Duluth, MN 55806

EMAIL: laura@bentpaddlebrewing.com

Would you like notifications via email? YES  NO

Date of Application \_\_\_\_\_  
 License No. \_\_\_\_\_

TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Bent Paddle Brewing Co. (d/b/a) Trade Name: n/a  
 Date of Event: 5/30/2015 Address: 1912 West Michigan St, Duluth, MN 55806  
 Name of Event: Festiversary 2015 Time of Event: 2-8 pm  
 Security Personnel: Gary Scher Firm: Scheer Events  
& Extra Duty Police Officers

DIAGRAM MUST SHOW:

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Gary S.F. Muller  
 Signature of owner/authorized representative



IGAN ST

FESTIVAL  
ENTRANCE

30'

25'

TICKETING  
20'x30'

P

10'x10'

MERCH  
POP TENT

STAGE  
20'x20'  
Tall



COFFEE  
MOBILE JOE

10'x10'

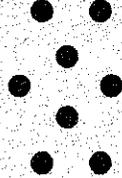
H2O

SOUND  
10'x10'

CP  
10'x20'

CASKS  
15'x30'

CANS  
10'x20'



SHADE TENT  
10'x30'



10'x10'

DRAFT TENT  
30'x45'



FR  
10'x10'

LOLLI  
HILL

60'

30'

30'

PICNIC TABLES



20'

30'

105'

35'

25'

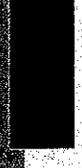
110'

HANKS

S 19th AVE W

HOOD TRUCKS

PICNIC TABLES





**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 5-4-2015  
 LICENSE # 29

**LICENSE APPLICATION**

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

LICENSEE CORP NAME & BUSINESS ADDRESS:

Chasers of Duluth  
2023 W Superior St  
Duluth MN 55802

D/B/A or TRADE NAME:

→ Beaumont Bar

CELL OR BUSINESS PHONE

NO. 218 393 6842

\*\* MANAGER'S NAME & ADDRESS & PHONE #

Hanni Benson  
1206 N 8th Street  
Superior WI 54880

\*\* EVENT LICENSE PERIOD: June 20, 2015

\*\*RAIN DATE: YES  NO

IF YES, DATE: \_\_\_\_\_

**NEW INFORMATION**

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[Signature]  
 Signature of Applicant

MAILING ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

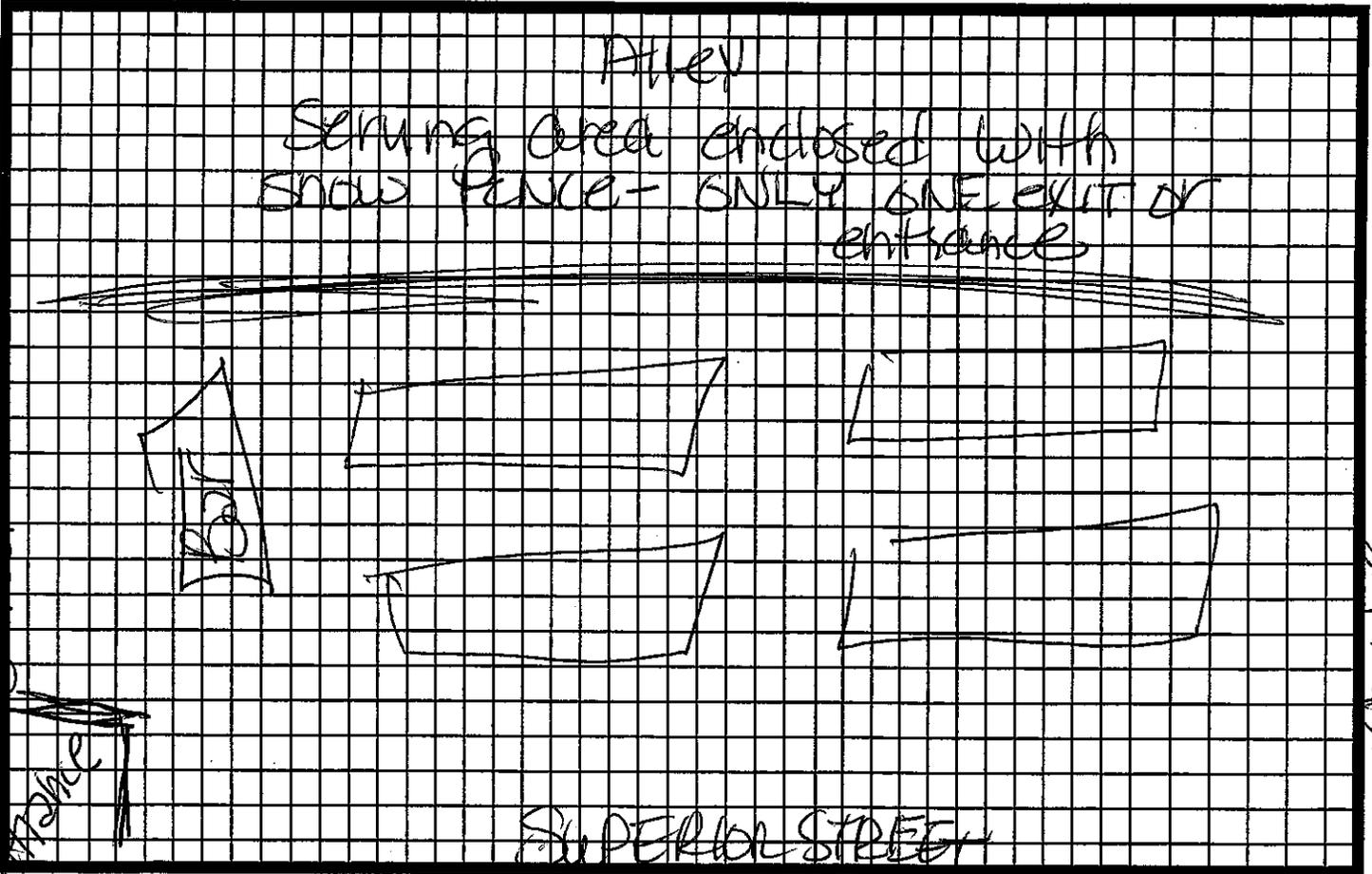
**TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)**

Owner: Chasers of Duluth Bar (d/b/a)\*Trade Name: Redrock Bar  
 Date of Event: Oct. 11th Address: 2023 W. Superior St.  
 \*Name of Event: LINCOLN PARK FISHING CONTEST \*Time of Event: \_\_\_\_\_  
 \*Security Personnel: Duluth Police \*Firm: \_\_\_\_\_

**DIAGRAM MUST SHOW:**

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[Signature]  
 Signature of owner/authorized representative