

City of Duluth – City Clerk's Office 411 W First Street – City Hall 318 Duluth, MN 55802-1189 Phone: (218) 730-5500

For Office Use Only Date:	
License No	

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.

R \$119.00 DAY = \$ TAL = \$ TRADE NAME OR NAME OF EVENT: BUISNESS PHONE NO:		
TRADE NAME OR NAME OF EVENT:		
TRADE NAME OR NAME OF EVENT:		
BUISNESS PHONE NO:		
OWNER OF BUSINESS PREMISES:		
EVENT LICENSE DATE (S):		
If Yes, List Date:		
ication for Beer and/or Food.		
If Yes, Contact City Clerk's Office For Dancing License		
RUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE STATE OF MINNESORTA AND THEIR AMENDMENTS.		
SIGNATURE OF APPLICAN		
li		

Date of Application	
License No	

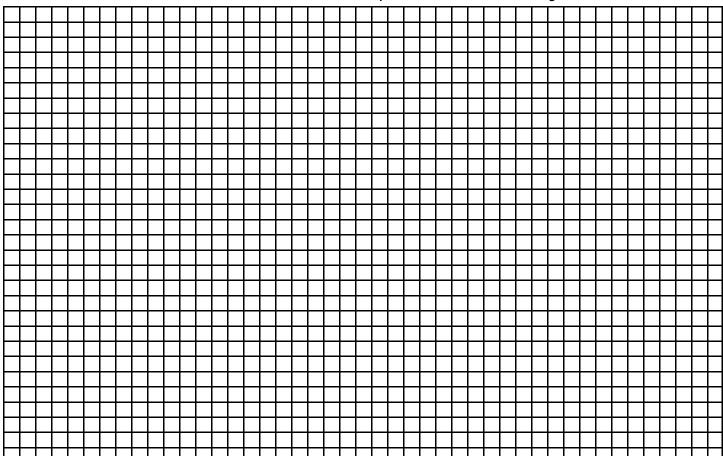
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner:		(d/b/a) Trade Name:	
Date of Event:	Address: _		
Name of Event:		Time of Event:	
Security Personnel:		Firm:	

DIAGRAM MUST SHOW:

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

Sketch location and dimensions of area to be occupied. Indicate north on diagram as "NORTH."



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

Signature of	owner/authorized	representative



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Application	nt (individual, partnership, corpora	ation or association) that owns the business to be licensed:
2. Trade Name:		
3. Address of place	to be licensed:	
4. Designated Serv	ng Areas (i.e. round floor, second	d, deck, etc.)
5. Name and addre	ss of owner of building:	
Any connection v	vith applicant?	Who receives the rent?
6. Who will direct th List name, addre		rve as manager on the premises?
7. If partnership, giv	e name of each partner and perc	centage of ownership, and, if limited partnership, give details:
8. If corporation, list each:	all stockholders, directors, office	ers and the percentage of stock or number of shares owned by
9. State approximat	e distance of this establishment fro	om the nearest academy, college, university, church or school:
10. State whether a	ny consideration, money or proper	ty, has been paid, or will be paid, given, exchanged or pledged,
		on of this business. State the amounts in detail.
Failure to an	swer all questions truthfully on this a ause for revocation of your license.	application and Affidavit "A," which is made a part thereof,
will notify the City Coul Alcohol, Gambling and	ncil in writing of any change in owners Tobacco Commission and City Council	nd operator of this business to be conducted under the license and I (we) ship in this business before the change is made, for the approval of the I. I (we) have read the foregoing questions and answers to said questions provisions of the Alcoholic Beverage Code and the laws and regulations
Signature:		Date:
Signature:		Date:

CITY CLERK'S OFFICE 330 CITY HALL DULUTH, MN 55802

AFFIDAVIT "A"

ALCOHOLIC BEVERAGE LICENSE APPLICATION

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, **fill out items 1-4, and 11 & 12 of this application.** <u>Items 5-10</u> need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1.	License Applica	nt						
		(Indiv	idual, Partners	ship, Corpora	tion or Clu	b)		
2.	Address of licen	sed premises						
3.	Your Name							
		(First)	(Middle)		(Last)	(Jr./Sr.)	(Dat	te of Birth)
4.	Home Address							
		(Address)	(City)	(County)		(State)	(Zip)
5.	Other home add	lresses in last 1	0 years:					
_								
6.	Other names yo	u are, or have b	een known by	, including m	naiden nan	ne:		
7.	Your position in	the business:						
			(O	wner, partner, p	oresident, tre	asurer, manaç	ger, etc.)	
8.	` ,	your spouse, or	•	• •	•		•	•
	anagement or pro wholesale? Ye	-	olisnment licen O	se in Minnes	sota to seli	ilquor or 3.2	z beer eit	ner at retail
							_	
in	(b). Do you, the ownership, op	your spouse, or eration, manag	•		•	•	•	•
	3.2 beer either a							

	EREB\ RREC		_TY OF PERJURY THA	AT THE ABOVE ANSWERS ARE TRUE AN	ΙD
				and regulations of the State of Minnesota are coholic beverages? Yes No	nd
				aximum possible penalty for the violation, annued.	
or Pro Yes	the sa stitutio	ale, distribution, manufact on or disorderly house laws No	ture or transportation s? Drug laws? Receivi	lating any law relating to the operation of a b of alcoholic beverages? Gambling lawsing or concealing stolen property? Assaults	s? s?
	(b).	or beer license suspende	ed or revoked? Yes _	more than 10% of the stock ever had a liqu No	or
10.	(a).	Have you or any corporalicense to sell liquor or but If yes, why?	eer? Yes No		а
(2) (3)	(Banl	k)			
(1)				ess references, including one bank referenc	:e:
des				ation of the establishments involved and fu	lly —

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5.	Other home add	lresses in last 1	0 years:					
_								
6.	Other names yo	u are, or have b	een known by	, including m	naiden nan	ne:		
7.	Your position in	the business:						
			(O	wner, partner, p	oresident, tre	asurer, manaç	ger, etc.)	
8.	` ,	your spouse, or	•	• •	•		•	•
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330 City Hall
411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500

Fax (218) 730-5923

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

Liquor Applicants

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

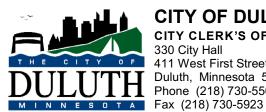
Facilities.

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



Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

 Is this the first time for this event? If No, how many people attended this event 	Yes	No
If Yes, how many people are you expecting to attend?		
What kind of advertisement have you done?		
3. What is the age of the target group for this event?		
4. Will alcohol be sold or given away at this event?		
5. Will dancing be allowed at this event?		
the state of the s	respons	sible for the
I understand that as the applicant for this permit/license, I am Police/Security for this event. I will provide proof of hired security to scheduled event.	•	
Police/Security for this event. I will provide proof of hired security to	•	
Police/Security for this event. I will provide proof of hired security to scheduled event.	wo weeks	
Police/Security for this event. I will provide proof of hired security to scheduled event. Applicant Signature	wo weeks	



CITY OF DULUTH

CITY CLERK'S OFFICE

330 City Hall 411 West First Street Duluth. Minnesota 55802-1189 Phone (218) 730-5500

TO: Alcoholic Beverage Licensee

RE: Liquor Liability Insurance Requirements.

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

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

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

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

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