



**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>3-19-18</u>
LICENSE #	<u>760206</u>

### 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.

LICENSE	FEE
TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$ 298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$
LEVEL 1 INVESTIGATION FEE (FOR NEW APPLICANTS)	\$ 31.00
<b>TOTAL =</b>	<b>\$ 298</b>

LICENSEE CORP NAME/BUSINESS ADDRESS:

Minnesota Craft Brewers Guild  
P.O. Box 18236  
Minneapolis, MN 55418

EVENT NAME: All Pints North

350 Harbor Dr.  
 EVENT ADDRESS: Duluth, MN 55802

MANAGER'S NAME & ADDRESS & PHONE #

Anna Elgersma  
P.O. Box 18236  
Minneapolis, MN 55418

CELL OR BUSINESS PHONE NO. 612-677-2254

OWNER OF EVENT PREMISES:

Duluth Entertainment  
Convention Center

DATE(S) OF EVENT: 7/28/2018

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.

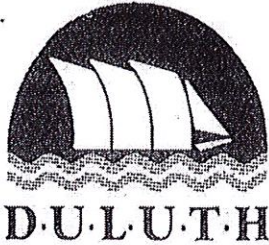
Anna Elgersma  
 Signature of Applicant

MAILING ADDRESS:

Anna Elgersma  
P.O. Box 18236  
Minneapolis, MN 55418

EMAIL: Anna.Elgersma@oresimpleplan.com

Would you like notifications via email? YES  NO



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### APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: Minnesota Craft Brewers Guild
2. Trade Name: Same
3. Address of place to be licensed: Bayfront Festival Park - 350 Harbor Drive
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Entire Duluth, MN 55802  
Venue
5. Name and address of owner of building: Duluth Entertainment Convention Center  
Any connection with applicant? No Who receives the rent: 350 Harbor Drive  
Duluth, MN 55802
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
MN Craft Brewers Guild Staff/One Simple Plan - 509 1st Ave NE  
Suite 2A  
Minneapolis, MN
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
N/A
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
Non-Profit Association - Board of Directors (unpaid)
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
≈ 1 - College of St. Scholastica
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: Anna Ugerma Date: 3.15.18  
Signature: [Signature] Date: 3.15.18

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

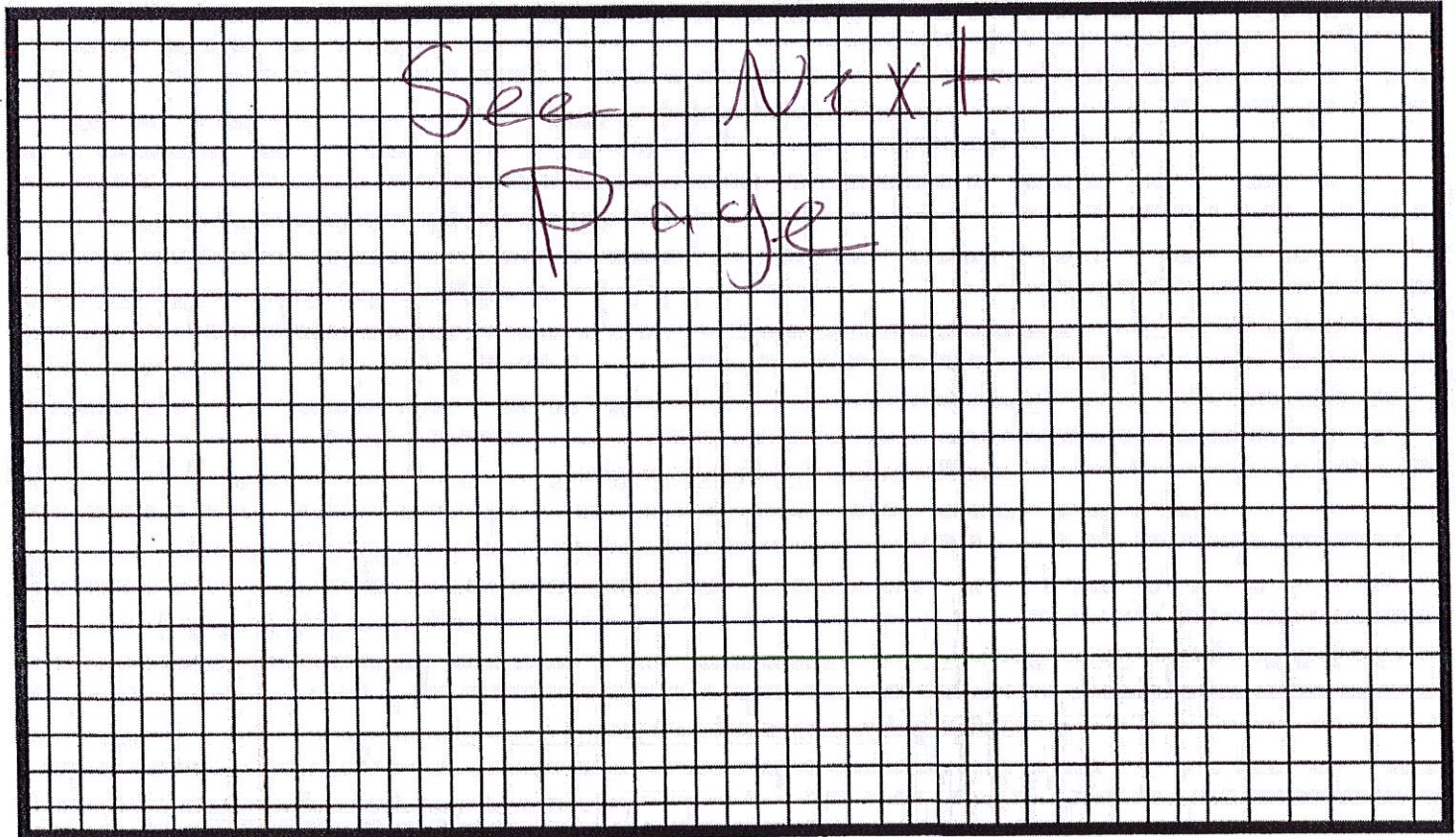
**TEMPORARY ON SALE LIQUOR (GRAPH)**

\*Owner: Duluth Entertainment Convention Center (d/b/a) \*Trade Name: DECC  
\*Date of Event: July, 28 2018 Address \_\_\_\_\_  
\*Name of Event: All Pints North \*Time of Event: 3pm - 7pm  
\*Security Personnel: Gary Scheer \*Firm: Gary Scheer Events

**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)**



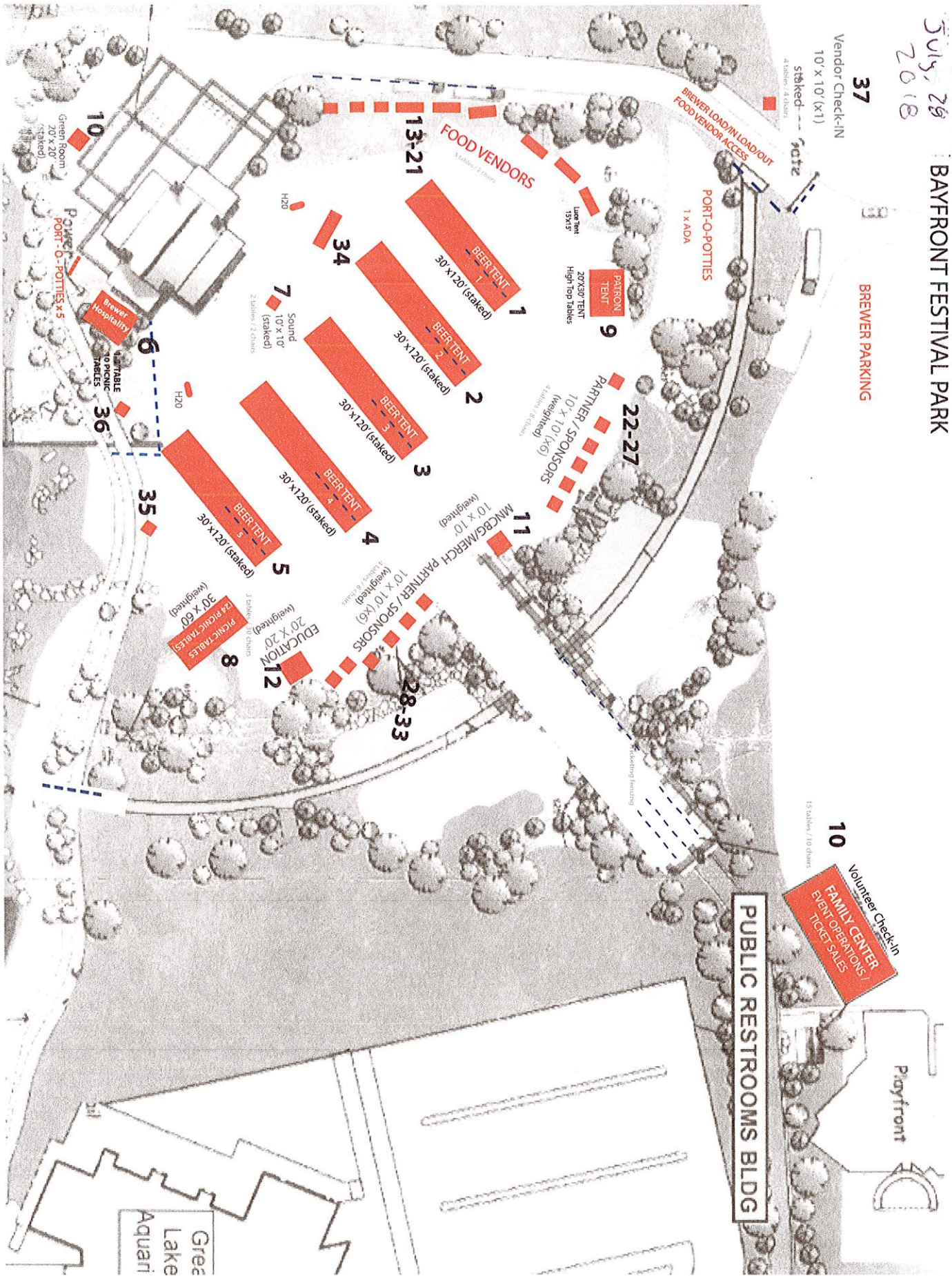
I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN and their amendments. I further agree to comply with any special restrictions which may be imposed by resolution of the Duluth City Council and not to allow any services, or consumption outside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

[Signature]

# ALL PINTS NORTH SUMMER BREW FEST

July 28  
2018

BAYFRONT FESTIVAL PARK



37

Vendor Check-in  
10' x 10' (x1)  
staked  
4 tables / 4 chairs

Brewer Parking

10

15 tables / 10 chairs

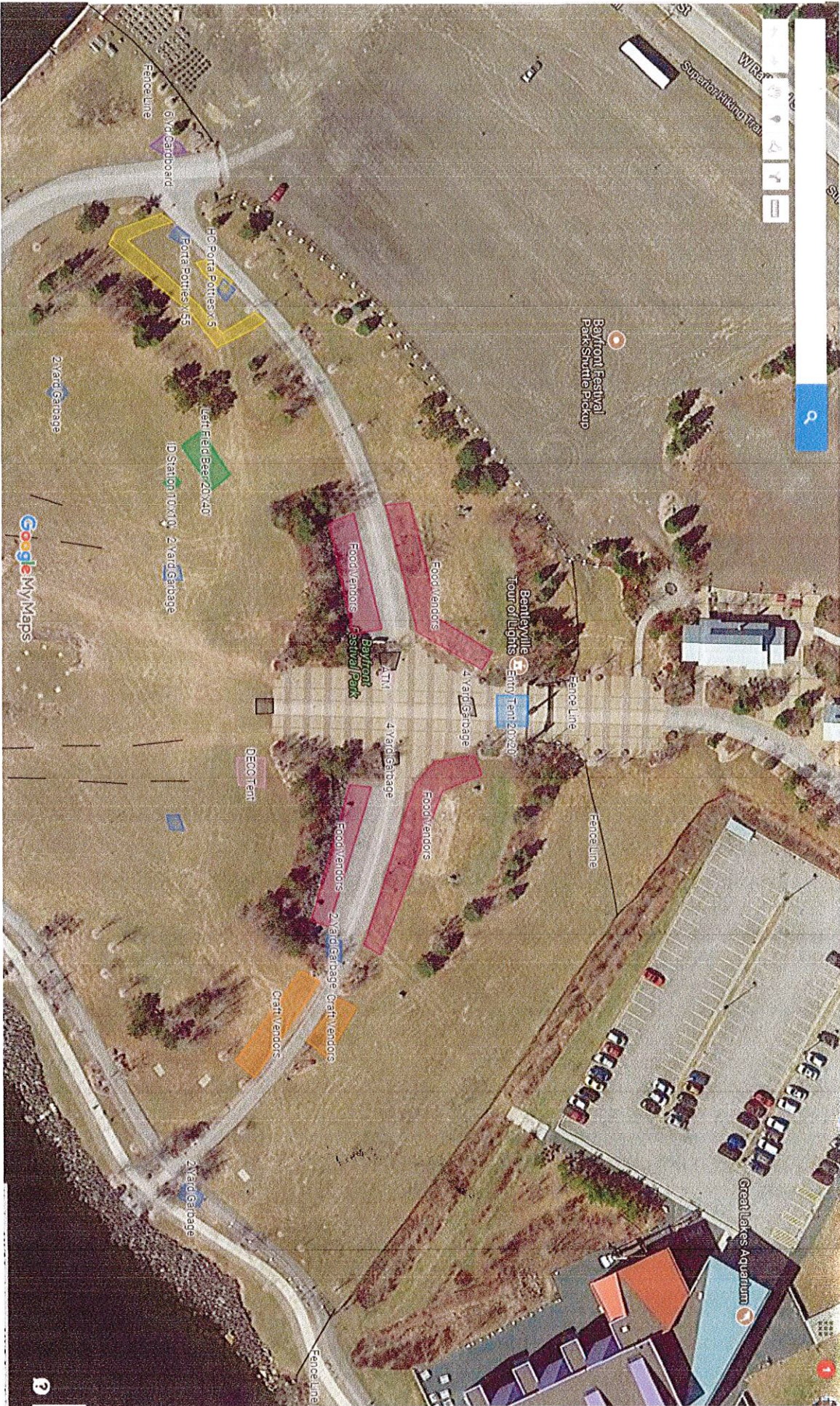
Volunteer Check-in  
Family Center  
Event Operations /  
Ticket Sales

PUBLIC RESTROOMS BLDG

Playfront

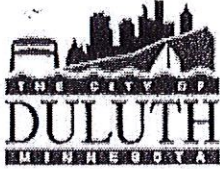
Green Room  
20' x 20'  
(staked)

Aquari  
Lake  
Green





Wenatchee  
S 8th Ave



## 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

3,500

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

\_\_\_\_\_

2. What kind of advertisement have you done?

Website, Social Media, PR Campaign

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

25-50

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.

Anna Elgisma

Applicant Signature

3-15-18

Date

### For office use only

Is a licensed Peace Officer need for this event \_\_\_\_\_

If yes, how many licensed peace officers will be required \_\_\_\_\_