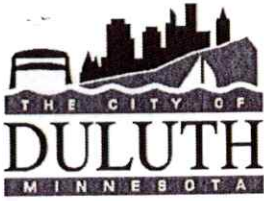


MAR 26 2019

FOR OFFICE USE ONLY	
DATE	_____
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

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

### LICENSE APPLICATION

LICENSE

1 DAY CONSUMPTION AND DISPLAY

FEE

\$25.00

LICENSEE NAME/ADDRESS/PHONE NO.

Duluth Sister Cities Int'l  
207 W. Superior St. Ste 202  
Duluth, MN 55802  
(218) 727-8375

BUSINESS NAME/ADDRESS/PHONE NO:

Unitarian Universalist Congregation of Duluth  
835 W College St. Duluth  
Duluth, MN 55811  
(218) 724-0308

MANAGER'S NAME/ADDR/PHONE NO.

Katherine LaFleur  
" "  
(218) 727-8375

OWNER OF BUSINESS PREMISES:

Unitarian Universalist Congregation of Duluth  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE OF EVENT: 4/27/19

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:

Duluth Sister Cities Int'l  
c/o Katherine LaFleur  
207 W Superior St. Ste 202  
Duluth, MN 55802



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 222, St. Paul, MN 55101  
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION AND PERMIT FOR A 1 DAY  
 TEMPORARY CONSUMPTION AND DISPLAY PERMIT**  
 (City or county may not issue more than 10 permits in any one year)

Name of organization	Date organized	Tax exempt number	
Duluth Sister Cities Int'l	May 2007	41-1710449	
Address	City	State	Zip Code
207 W Superior St Suite 202	Duluth	Minnesota	55802
Name of person making application	Business phone	Home phone	
Katherine Lafleur	(218) 727-0375	d/n	
Date(s) of event	Type of organization		
4/27/19	<input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name	City	State	Zip
X Neil Glazman, President of Board	Duluth	Minnesota	55802
Add New Officer			

Location where permit will be used. If an outdoor area, describe.  
 We will be using this permit in the Fellowship hall of the  
 UUUD to host our annual Spring Fundraising dinner.

APPROVAL  
 APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license	Date Approved
Fee Amount	Permit Date
Date Fee Paid	City or County Email Address
	City or County phone number

Signature City Clerk or County Official \_\_\_\_\_ Approved Director Alcohol and Gambling Enforcement \_\_\_\_\_

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.  
**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.**  
**PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO [AGE.TEMPORARYAPPLICATION@STATE.MN.US](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**