



**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

11-16-16

LICENSE #

760191

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$ <u>—</u>
TOTAL	\$ <u>298.00</u>

LICENSEE CORP NAME/BUSINESS ADDRESS:

St. James Catholic Church
715 N 57th Ave
Duluth, Mn 55807

D/B/A or TRADE NAME:

St. James ⁶²⁴⁻¹⁰²⁵

CELL OR BUSINESS PHONE NO.

218-343-8065

MANAGER'S NAME & ADDRESS & PHONE #

Amanda LeBarde
614 S 64th Ave
Duluth, Mn 55807

OWNER OF BUSINESS PREMISES:

Diocese of Duluth
2830 E. 4th St.
Duluth, Mn 55812

LICENSE PERIOD:

Feb 25, 2017

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.

Amanda LeBarde
Signature of Applicant

MAILING ADDRESS:

614 S. 64th Ave
Duluth, Mn 55807

EMAIL:

MandyLeBarde29@gmail.com

Would you like notifications via email? YES ☒ NO ☐



CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:

St. James School and Parish

2. Trade Name: St. James School and Parish

3. Address of place to be licensed: 715 N. 57th Ave. West; Duluth, MN 55807

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Gymnasium / Social Hall

5. Name and address of owner of building: Roman Catholic Diocese of Duluth

2830 E. 4th St.

Duluth, MN 55812

Any connection with applicant? Yes

Who receives the rent? St. James Catholic Church

6. Who will direct the operation of the business or serve as manager on the premises?

List name, address & title: Amanda Sue LeGarde (Organizer)

614 S. 64th Ave. West; Duluth, MN 55807

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

n/a

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

n/a

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:

Site is the gymnasium / social hall of St. James School and Church (single, connected buildings).

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.

Event is a fundraiser for St. James ~~Parish~~ Parish.

Failure to answer all questions truthfully on this application and Affidavit "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 and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations of their amendments.

Signature: _____

Date: _____

Signature: Amanda Sue LeGarde

Date: 10/31/16



CITY OF DULUTH SUPPLEMENTAL FORM

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

1. Is this the first time for this event?

Yes No

If No, how many people attended this event

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

150

2. What kind of advertisement have you done? none at this point. We will begin next month.

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

21-100

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

yes

5. Will dancing be allowed at this event?

no

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.

Amanda Guleborka
Applicant Signature

10-31-16
Date

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Is a licensed Peace Officer needed for this event? _____

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