



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.

LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1 <sup>ST</sup> DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
<b>TOTAL =</b>	<b>\$60.00</b>

**LICENSEE BUSINESS NAME & ADDRESS:**

UMD Alumni Relations  
 1049 University Dr  
 Duluth, MN 55812

**TRADE NAME OR NAME OF EVENT:**

UMD Homecoming  
 BUSINESS PHONE NO: 218-726-8829

**MANAGER'S NAME & ADDRESS:**

Matthew Duffy  
 1049 University Dr  
 Duluth, MN 55812

**OWNER OF BUSINESS PREMISES:**

UMD  
 EVENT LICENSE DATE (S): 9/30/23

Rain Date? Yes  No  If Yes, List Date: \_\_\_\_\_  
 Contact State Health Department at 723-4642 For Application for Beer and/or Food.  
 Security Personnel Questions? Call 730-5421  
 Will Dancing Be Allowed? Yes  No  If Yes, Contact City Clerk's Office For Dancing License Application

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**

1049 University Dr  
 Duluth, MN 55812

EMAIL: duffy@d.umn.edu



**CITY OF DULUTH  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

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

2. Trade Name: NA

3. Address of place to be licensed: 1049 University Dr, Duluth, MN 55812

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) enclosed tailgate space in parking lot

5. Name and address of owner of building: UMD  
1049 University Dr  
Duluth, MN 55812

Any connection with applicant? Same premises Who receives the rent? NA

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

List name, address & title: Matthew Duffy; Alumni Relations Director  
1049 University Dr, Duluth, MN 55812

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

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

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

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

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

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.

\$10 tickets will be purchased by attendees.

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

**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 any 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: 8/1/23

Signature: \_\_\_\_\_

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



## 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

193 \_\_\_\_\_

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

\_\_\_\_\_

2. What kind of advertisement have you done? \_\_\_\_\_

Advertising through email, website, and social media to UMD alumni.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### For office use only

Is a licensed Peace Officer needed for this event? \_\_\_\_\_

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