DULUTH
THE CITY OF
MINNESOTA

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1ST DAY/EVENING =	$298.00
PLUS $148.00 EACH ADDITIONAL DAY =	$_____
TOTAL =	$ 298.00

LICENSEE BUSINESS NAME & ADDRESS:
MN Craft Brewers Guild
807 Broadway St NE #14
Minneapolis, MN 55413

MANAGER'S NAME & ADDRESS:
Courtney Lovas
1616 N 18th St
Superior WI 54880

TRADE NAME OR NAME OF EVENT:
All Pints North

BUSINESS PHONE NO: (414) 712-4263

OWNER OF BUSINESS PREMISES: Duluth
Entertainment Convention Center

EVENT LICENSE DATE (S): 7/27/19

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.

Courtney Lovas
SIGNATURE OF APPLICANT

MAILING ADDRESS
807 Broadway St. NE #14
Minneapolis, MN 55413

EMAIL: Courtney@mncraftbrew.org

CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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

2. Trade Name: _"_

3. Address of place to be licensed: _Bayfront Festival Park - 350 Harbor Drive, Duluth, MN_

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) _entire park_

5. Name and address of owner of building: _DECC_
   350 Harbor Drive
   Duluth, MN 55802

   Any connection with applicant? _NO_   Who receives the rent? _N/A_

6. Who will direct the operation of the business or serve as manager on the premises?
   List name, address & title: _Courtney Lovas, Events Manager, MN CBG_
   807 Broadway St NE #14 Minneapolis MN 55413

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:
   Non-profit w/ unpaid board of directors

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
   ≈1 mi from 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.
   _N/A_

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: _Courtney Lovas_   Date: _4/15/19_

Signature: _____   Date: _____