

# Temp Expansion of Liquor 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

**FOR OFFICE USE ONLY**  
DATE \_\_\_\_\_  
LICENSE # \_\_\_\_\_

Type in your information by tabbing through the boxes below.  
Print all forms, sign and submit to the address listed above.

*Festiversary 2018*

## LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
<b>TOTAL:</b>	<b>\$ 358.00</b>

**LICENSEE CORP NAME & BUSINESS ADDRESS:**  
Bent Paddle Brewing Co.  
1912 West Michigan St.  
Duluth, MN 55806

**D/B/A OR TRADE NAME:** n/a

**CELL OR BUSINESS PHONE NO.** 279.2722 x303

**MANAGER'S NAME & ADDRESS & PHONE #**  
Laura Mullen  
(same as above)  
cell 721.2176

**EVENT LICENSE PERIOD:** Saturday, May 12, 2018

**RAIN DATE?** YES  NO

**IF YES, DATE:** \_\_\_\_\_

### NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next months meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed. *3/28*
- SECURITY:** Supply information to the License Inspector (218-730-5421). *officer Vang - connected w/ him*
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184). *Deb Kosiak - H 3/28 - Deb. Kosiak@state.mn.us*

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.

*Laura S.F. Mullen*  
Signature of Applicant

**MAILING ADDRESS:**  
Bent Paddle Brewing Co.  
1912 West Michigan St.  
Duluth, MN 55806

**EMAIL:** laura@bentpaddlebrewing.com

**Would you like notifications via email?** YES  NO



# 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 3,600 in 2017  
If Yes, how many people are you expecting to attend? 4,000 est. for 2018

2. What kind of advertisement have you done? \_\_\_\_\_  
Social Media, Print Ads, Billboard, PR, etc.

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 - Sold beer only

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.

Laura S. F. Muller  
Applicant Signature

3/2/18  
Date

<b>For office use only</b>
Is a licensed Peace Officer needed for this event? _____
If yes, how many licensed peace officers will be required? _____



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

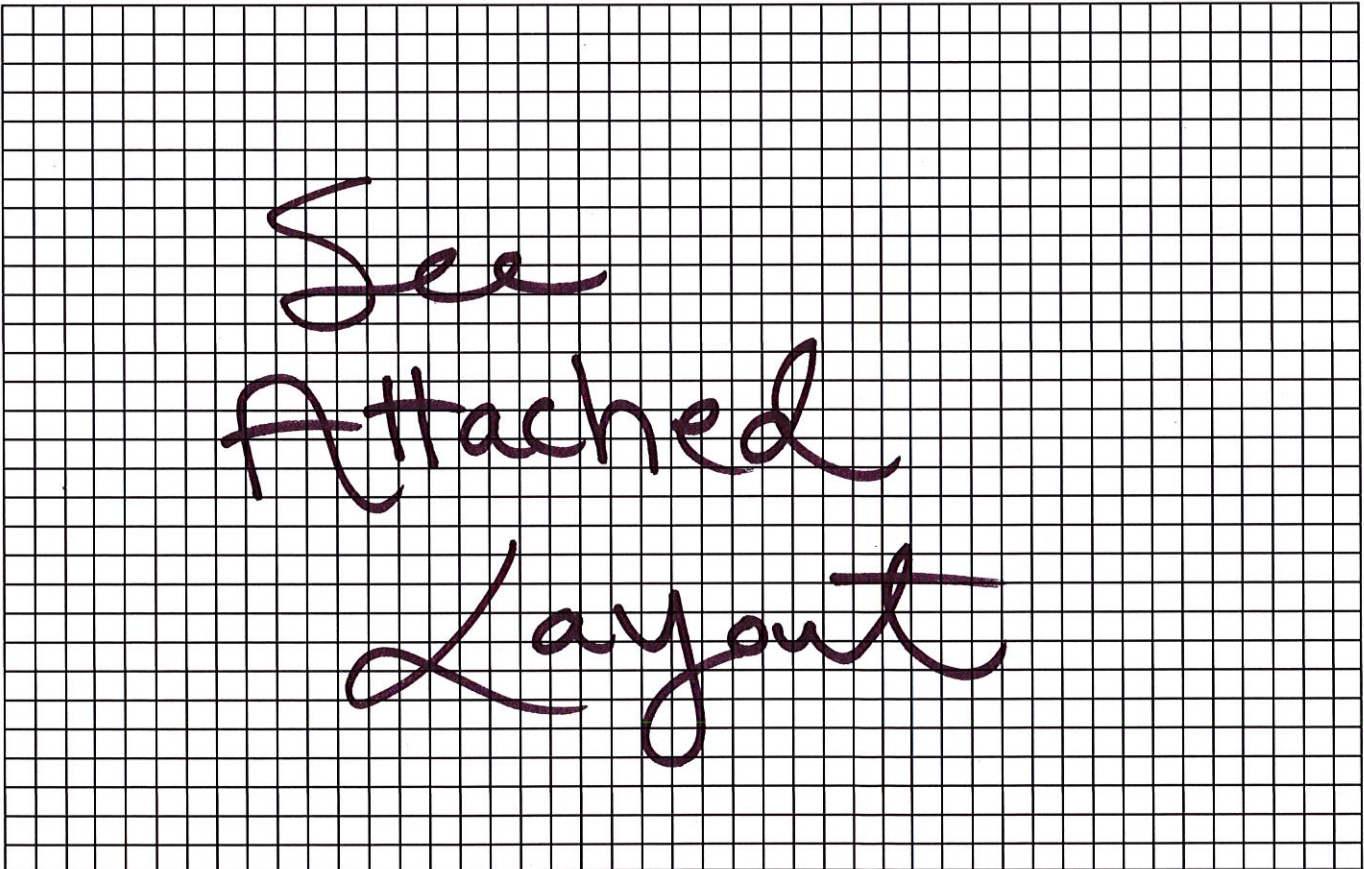
**TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)**

Owner: Bent Paddle Brewing Co. (d/b/a) Trade Name: n/a  
Date of Event: 5/12/2018 Address: 1912 West Michigan St., Duluth, MN 55806  
Name of Event: Festiversary 2018 Time of Event: 2-8 pm  
Security Personnel: Gary Scheer Group + Off-Duty Police Officers Firm: Scheer Events + City of Duluth Police

**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 as "NORTH."**



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of Minnesota 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 of the approved "designated serving area" identified here.

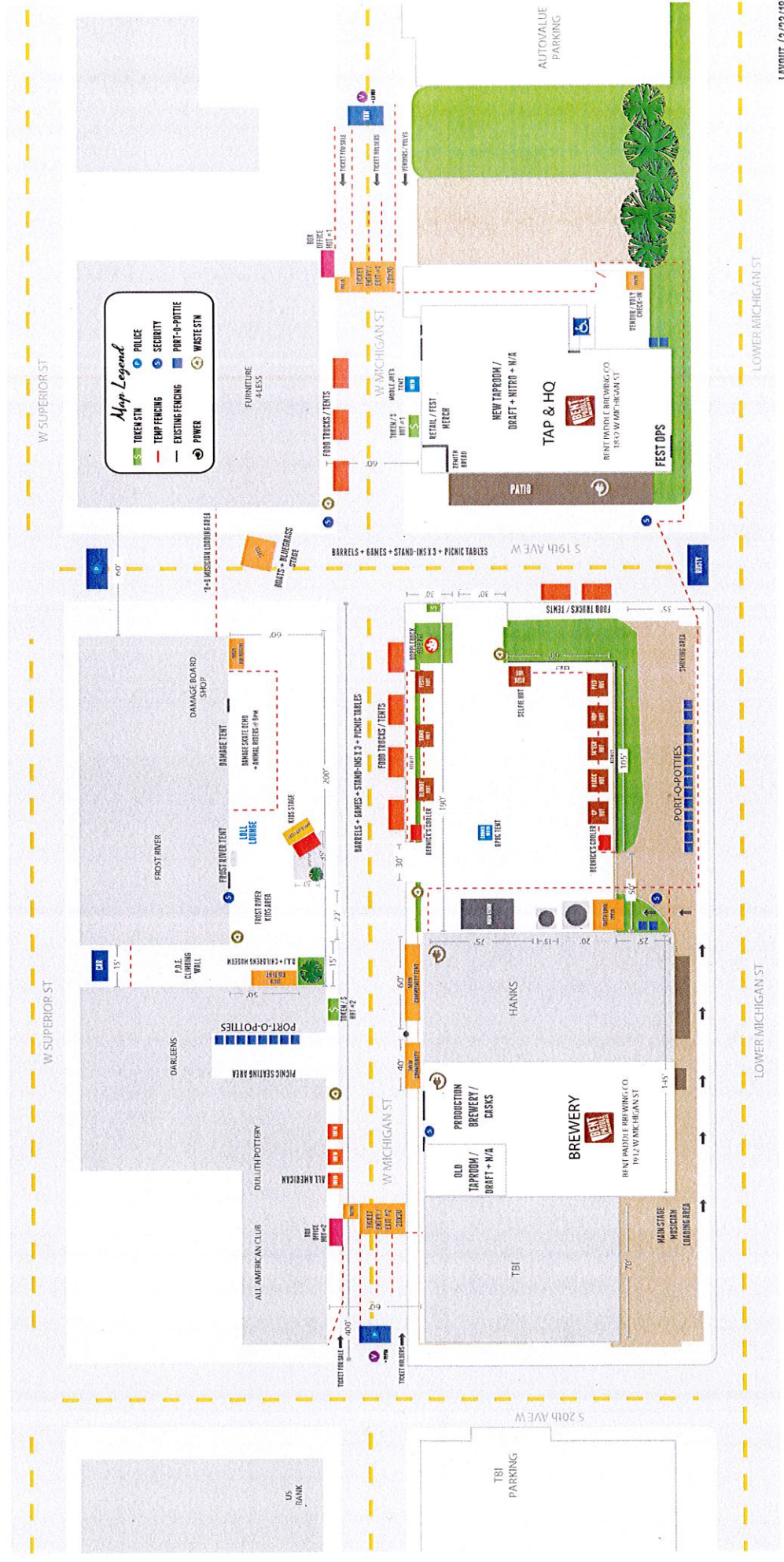
*Laura S.F. Miller*  
Signature of owner/authorized representative



Outdoor Brewery Festival • Local Food • Live Music • Bent Paddle Beer • Members + Rewards

# FESTIVERSARY

2018







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cartier Agency, Inc. PO Box 16567  Duluth MN 55816	<b>CONTACT NAME:</b> Arianna Hess
	<b>PHONE (A/C, No, Ext):</b> (218) 727-5992 <b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> Ahess@caduluth.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> West Bend Mutual <b>NAIC #</b> 15350
<b>INSURED</b> Lincoln Park Business Group  Po Box 16306  Duluth MN 55816	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: Cert ID 3950

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A066527	06/29/2017	06/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			A066527	06/29/2017	06/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 City of Duluth is hereby named as an additional insured where their interest may appear

**Event Details:**

Festiversary 2018  
 May 12, 2018

**CERTIFICATE HOLDER**

City of Duluth  
 City Clerks Office  
 330 City Hall  
 441 W First St  
 Duluth MN 55802-1189

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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