



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date of organization		Tax exempt number	
Ronald McDonald House Charities - Upper Midwest				41-1313107	
Organization Address (No PO Boxes)		City	State	Zip Code	
621 Oak St.		Minneapolis	MN	55414	
Name of person making application		Business phone		Home phone	
Felicia Casper		612-767-2784			
Date(s) of event		Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer			
Thursday, August 10, 2023		<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 Code	
Jill Evenocheck		Minneapolis	MN	55414	
Organization officer's name		City	State	Zip Code	
			MN		
Organization officer's name		City	State	Zip Code	
			MN		

Location where permit will be used. If an outdoor area, describe.
Clyde Iron Works, Clyde Event Center at 2920 W. Michigan St.
Duluth, MN 55806

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
There will be samples offered from multiple vendors, approximately 30, providing tasting sizes of beer/wine/cider/distilleries

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
USI Insurance Services LLC - \$1,000,000 limit for each occurrence under Commercial General Liability

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
Event in conjunction with a community festival <input type="checkbox"/> Yes <input type="checkbox"/> No	City or County E-mail Address
Current population of city	

Please Print Name of City Clerk or County Official

Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event

No Temp Applications faxed or mailed. Only emailed.

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



City of Duluth – City Clerk's Office
411 W First Street – City Hall 330
Duluth, MN 55802-1189
Phone: (218) 730-5500
Fax: (218) 730-5923

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 ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$298.00

LICENSEE BUSINESS NAME & ADDRESS:

Ronald McDonald House Charit

621 Oak St.

Minneapolis, MN 55414

TRADE NAME OR NAME OF EVENT:

Brew Love North 2023

BUSINESS PHONE NO: 612-767-2784

MANAGER'S NAME & ADDRESS:

Felicia Casper

621 Oak St.

Minneapolis, MN 55414

OWNER OF BUSINESS PREMISES:

Clyde Iron Works

EVENT LICENSE DATE (S): Thursday, August 10
2023

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.

MAILING ADDRESS

621 Oak St.

Minneapolis, MN 55414

EMAIL: fcasper@rmhc-uppermidwest.org


SIGNATURE OF APPLICANT



CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Ronald McDonald House Charities, Upper Midwest
2. Trade Name: _____
3. Address of place to be licensed: 621 Oak Street, Minneapolis, MN 55414
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) First and second floors of the Clyde Iron Works Event Center
5. Name and address of owner of building: Clyde Iron Works
2920 W. Michigan St.
Duluth, MN 55806
- Any connection with applicant? No Who receives the rent? _____
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Felicia Casper, Development Manager
621 Oak Street, Minneapolis, MN 55414
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:
1.6 miles
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.

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: 1/18/23

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

120

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

2. What kind of advertisement have you done? _____

Social Media posts

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

21-99

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

given

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.


Applicant Signature

1/18/23
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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