



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed: Girl Scouts of Minnesota and Wisconsin Lakes and Pines

2. Trade Name: _____

3. Address of place to be licensed: 2920 W Michigan St, Duluth, MN 55806

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Tables on first floor around seating

5. Name and address of owner of building: Clyde Iron Works
2920 W Michigan St
Duluth, MN 55806

Any connection with applicant? N/a 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: _____
Mack Peters, 2212 W Superior St, Ste 1, Duluth MN 55806, Development Manager

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: One Mile

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: *Leigh Ann Davis*

Date: 3/27/24

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

2. What kind of advertisement have you done? _____

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

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

5. Will dancing be allowed at this event? _____

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.

Mack Peters
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? _____