

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.

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LICENSE		FEE		
TEMPORARY ON SALE LIQUOR – 1 <sup>ST</sup> DAY/EVENING =  PLUS \$30.00 EACH ADDITIONAL DAY =		\$60.00 \$		
ICENSEE BUSINESS NAME & ADDRESS:	TRADE	NAME OR NAME OF EVENT:		
	BUSINESS PHONE NO:			
MANAGER'S NAME & ADDRESS:	OWNER OF BUSINESS PREMISES:			
	EVENT	LICENSE DATE (S):		
Rain Date? Yes No	If	Yes, List Date:		
Contact State Health Department at 723-464 Security Personnel Questions? Call 730-5421	12 For Application f	or Beer and/or Food.		
Will Dancing Be Allowed? Yes No	If Yes, Con	tact City Clerk's Office For Dancing License Application		
I HEREBY STATE THAT ALL INFORMATION OF THE ORDINANCES OF THE CITY OF DULUTH A		CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS ATE OF MINNESOTA AND THEIR AMENDMENTS.		
		Mack Peters		
MAILING ADDRESS		SIGNATURE OF APPLICANT		
EMAIL:				



## CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

20	Girl Scouts of Minnesota and Wisconsin Lakes and Pines  Trade Name:					
	Address of place to be licensed: 2920 W Michigan St, Duluth, MN 55806					
	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 Manage					
7.	If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:					
	If Cornoration liet all atacks aldered discourse of the state of the s					
ea  9.	If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned be ch:  State approximate distance of this establishment from the nearest academy, college, university, church or school					
ea 9. Or	State approximate distance of this establishment from the nearest academy, college, university, church or school ne Mile					
9. Or	State approximate distance of this establishment from the nearest academy, college, university, church or school ne Mile  State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged					
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9. Or 10. Oy	State approximate distance of this establishment from the nearest academy, college, university, church or school ne Mile  State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged 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 Affidentiation and Affidentiation and Affidentiation.					
9. Or 10.	State approximate distance of this establishment from the nearest academy, college, university, church or school ne Mile  State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged 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.  She hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the true of my (our) knowledge. I (we) will comply with all the provisions of the Alegobia Reparate Contract the transport of the approval of the true of my (our) knowledge. I (we) will comply with all the provisions of the Alegobia Reparate Contract the Contr					



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?		
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 Police/Security for this event. I will provide proof of hired security t scheduled event.	•	
Mack Peters		<u>_</u>
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?		!
in yes, now many necrosed peace emeers will be required.		