

## CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall | 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500

FOR OFFICE USE ONLY
DATE 4-21-20
LICENSE #

LICENSE APP	LICATION	
LICENSE		FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =		\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =		\$
		TOTAL: \$
Shotz Ban Inc  1321 Commonwealth Ave  Duluth mn 55808  ** MANAGER'S NAME & ADDRESS & PHONE #  HAthleen Marke Rose  1321 Commonwealth Ave,  Voluth mn 55808  218 591-3836	CELL OR BUSINESS PH NO. 2 8 6  ** EVENT LICENSE PER  **RAIN DATE: YES_ IF YES, DATE:	36-1860 100: June 24 20
NEW INFORMA  1. PLEASE NOTE: All applications must be in the City Clerk' attendance at the AGTC meeting on the first Wednesday of the it will be returned and may not be heard until the next month's last year must be redone each time you apply for a temporary  2. SECURITY: Supply information to the License Inspector ©	s Office by the last Wednesse month is required. All informeeting. All diagrams, regexpansion. Computer diag	ormation must be completed or pardless if they are the same as
<b>3. <u>HEALTH DEPT:</u></b> An application must be on file with the S 218-302-6166 or 218-302-6184.	tate Health Dept., for the se	erving of food and alcohol at
I HEREBY STATE THAT ALL INFORMATION HERE IS TR ALL PROVISIONS OF THE ORDINANCES OF THE CITY O AND THEIR AMENDMENTS.		F THE STATE OF MINNESOTA
MAILING ADDRESS:		
Shotz Ba		
WILLIAM MY SS808		
Duluth mn SS808		

Date of Application	n
License No	

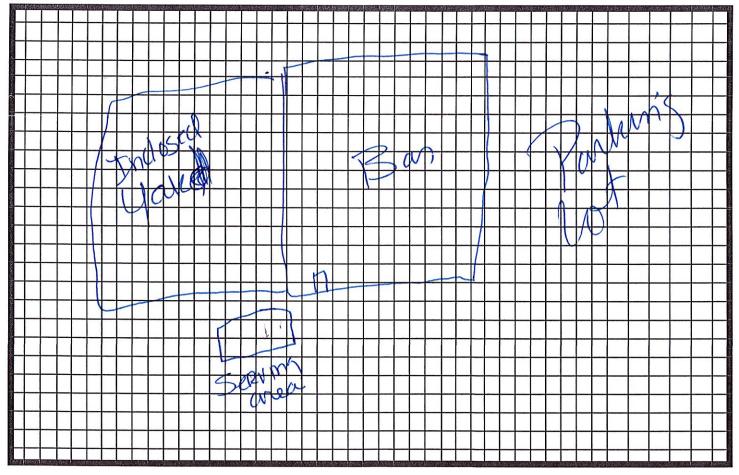
## TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Kathleen	Rose	(d/b/a)*Trade Name: Shott	2 Ba
Date of Event: QuNe	2 34 *Address 133	commonwealth Ahl	
*Name of Event:	an west fest	*Time of Event:	
*Security Personnel:		*Firm:	

## **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. (NORTH)



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

Signature of owner/authorized representative