



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.

LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$ <u>60.00</u>

LICENSEE BUSINESS NAME & ADDRESS:

Lake Superior Warriors
362 Ikola Rd
Esko, MN 55737

TRADE NAME OR NAME OF EVENT:

Ragnar Relay Race
BUSINESS PHONE NO: 425-941-7640

MANAGER'S NAME & ADDRESS:

Matt Caple
same as above

OWNER OF BUSINESS PREMISES: City of Duluth

EVENT LICENSE DATE (S): August 9, 2025

Will you hire security? Yes ☐ No ☒

Security Personnel Questions? Call 730-5421

Contact State Health Department at 723-4642 For Application for Beer and/or Food.

Security Personnel Questions? Call 730-5421

Alcohol in City Parks? Yes ☒ No ☐

If Yes, Contact Parks & Recreation at 218-730-4305

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

362 Ikola Rd
Esko, MN 55737
EMAIL: mcaple@gmail.com

[Signature]
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:

Lake Superior warriors

2. Trade Name:

N/A

3. Address of place to be licensed:

15 South 13th Ave E., Duluth, MN 55806

4. Designated Serving Areas (i.e. round floor, second, deck, etc.)

metal fenced in

seating area within the rose garden

5. Name and address of owner of building:

City of Duluth

Any connection with applicant?

No

Who receives the rent?

NA

6. Who will direct the operation of the business or serve as manager on the premises?

List name, address & title:

Matt Caple, founder

362 Skale Rd, Esko, MN 55733

7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

NA

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

NA

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:

1 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.

Ragnar will be donating money to the Lake Superior warriors for their volunteer services

Failure to answer all questions truthfully on this application or the attached personal supplemental affidavit, 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: _____

5-29-25

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

2,000

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

2. What kind of advertisement have you done? website, social media, etc

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

25-55

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

old / yes

5. Will alcohol service take place in City Parks?

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

5-29-25
Date

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Is a licensed Peace Officer needed for this event? _____

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



City Clerk's Office
Room 318
411 West First Street
Duluth, Minnesota 55802-1189

218-730-5500
218-730-5923 Fax

APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following (as applicable) with a copy of driver's license or government issued ID attached:

- ☒ Applicant
- ☐ Manager(s)
- ☐ Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Legal Name of Business	Lake Superior Warrior	2. Trade Name (DBA)	NA
3. Address of Licensed Premises	362 Ikola Rd, Ely, MN 55733		
4. Business Phone	218-721-7998	5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)	Matthew, Scott, Caple	7. Place of Birth (City & State, or City & Country if outside U.S.)	Duluth
8. Date of Birth (MM/DD/YYYY)	08/11/1985	9. Email	mcaple@gmail.com
10. Home Address	Same		
11. Social Security Number (SSN)		12. Driver's License or ID Number & Issuing State	

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
362 Ikola Rd	Ely	MN	55733	2014	Current

14. Have you ever been known by any other name than the one listed on this application?

☐ Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
☒ No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

☒ Yes*	Founder
☐ No	

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

☐ Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
☒ No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

☐ Yes*	*If Yes, why?
☒ No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

☐ Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
☒ No	

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☒ Yes
☐ No

DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Cape Matthew Scott
Last Name First Name Middle Name
Also known as _____ Date of Birth: 08-11-85

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date: 5-29-25

VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Matt Cape, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit _____ Date 5-29-25

Printed name of witness _____ Witness Signature _____



