



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: 9/23/19  
 License No. 760220

**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 <sup>ST</sup> DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$ <u>298.00</u>

LICENSEE BUSINESS NAME & ADDRESS:

DXC  
1346 W. Arrowhead Rd, PMB 314  
Duluth, MN 55811

TRADE NAME OR NAME OF EVENT:

Haunted Paddle Party 2019

BUSINESS PHONE NO: \_\_\_\_\_

MANAGER'S NAME & ADDRESS:

Daniel Maki  
201 W. Fairbault St  
Duluth, MN 55803

OWNER OF BUSINESS PREMISES:

Bent Paddle Brewing Co.

EVENT LICENSE DATE (S):

Sat Oct 26, 2019

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.

Daniel Maki  
 SIGNATURE OF APPLICANT

MAILING ADDRESS

Dan Maki, DXC Board Chair  
1346 W. Arrowhead Road, PMB 344  
 EMAIL: dnmaki51@gmail.com Duluth, MN 55811



**CITY OF DULUTH**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

- Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:  
Duluth XC SKI Club (DXC)
  - Trade Name: DXC - Duluth
  - Address of place to be licensed: 1912 West Michigan St. Duluth, MN 55806
  - Designated Serving Areas (i.e. round floor, second, deck, etc.)  
Ad Taproom + Open floor of Brewery
  - Name and address of owner of building: Bent Paddle Brewing Co. / Laura Mullen  
1912 W. Michigan St.  
Duluth, MN 55806
- Any connection with applicant? No Who receives the rent? Bent Paddle
- Who will direct the operation of the business or serve as manager on the premises?  
 List name, address & title: Dan Maki DXC Board Chair  
134 W. Arrowhead Rd, PMB 344 Duluth, MN 55811
  - If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:  
N/A
  - If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:  
N/A
  - State approximate distance of this establishment from the nearest academy, college, university, church or school:  
n/a
  - 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.  
Bent Paddle will donate cash + license fees to DXC from the proceeds of event as a donations.

*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: Dan Maki

Date: 9/20/2019

Signature: Laura Mullen

Date: 9/19/2019



**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 ~ 250  
If Yes, how many people are you expecting to attend? ~ 250  
over 6 hours
2. What kind of advertisement have you done? None to date but typically a Facebook event + posters.
3. What is the age of the target group for this event? 25-45
4. Will alcohol be sold or given away at this event? Yes
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.

*David J. ...*  
Applicant Signature

9/20/19  
Date

<b>For office use only</b>
Is a licensed Peace Officer needed for this event? _____
If yes, how many licensed peace officers will be required? _____