



CITY OF DULUTH
CITY CLERK'S OFFICE
330 City Hall | 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500
Fax (218) 730-5923

FOR OFFICE USE ONLY

DATE 4-22-2016
LICENSE # 43

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
TOTAL: \$	

LICENSEE CORP NAME & BUSINESS ADDRESS:

7 West Taphouse
7 W. Superior St
Duluth, MN 55802

** MANAGER'S NAME & ADDRESS & PHONE #

Margaret Gustafson
2528 Harvey St
Duluth, MN 55802

D/B/A or TRADE NAME:

UP North taps LLC

CELL OR BUSINESS PHONE

NO. 218-722-2494

** EVENT LICENSE PERIOD:

July 13
3 hours

**RAIN DATE: YES ☐ NO ☒

IF YES, DATE: _____

NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next month's meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.
- SECURITY:** Supply information to the License Inspector @ 730-5421.
- HEALTH DEPT:** An application must be on file with the State Health Dept., for the serving of food and alcohol at 218-302-6166 or 218-302-6184.

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.

[Signature]
Signature of Applicant

MAILING ADDRESS:

7 West Taphouse
7 W. Superior St
Duluth MN 55802

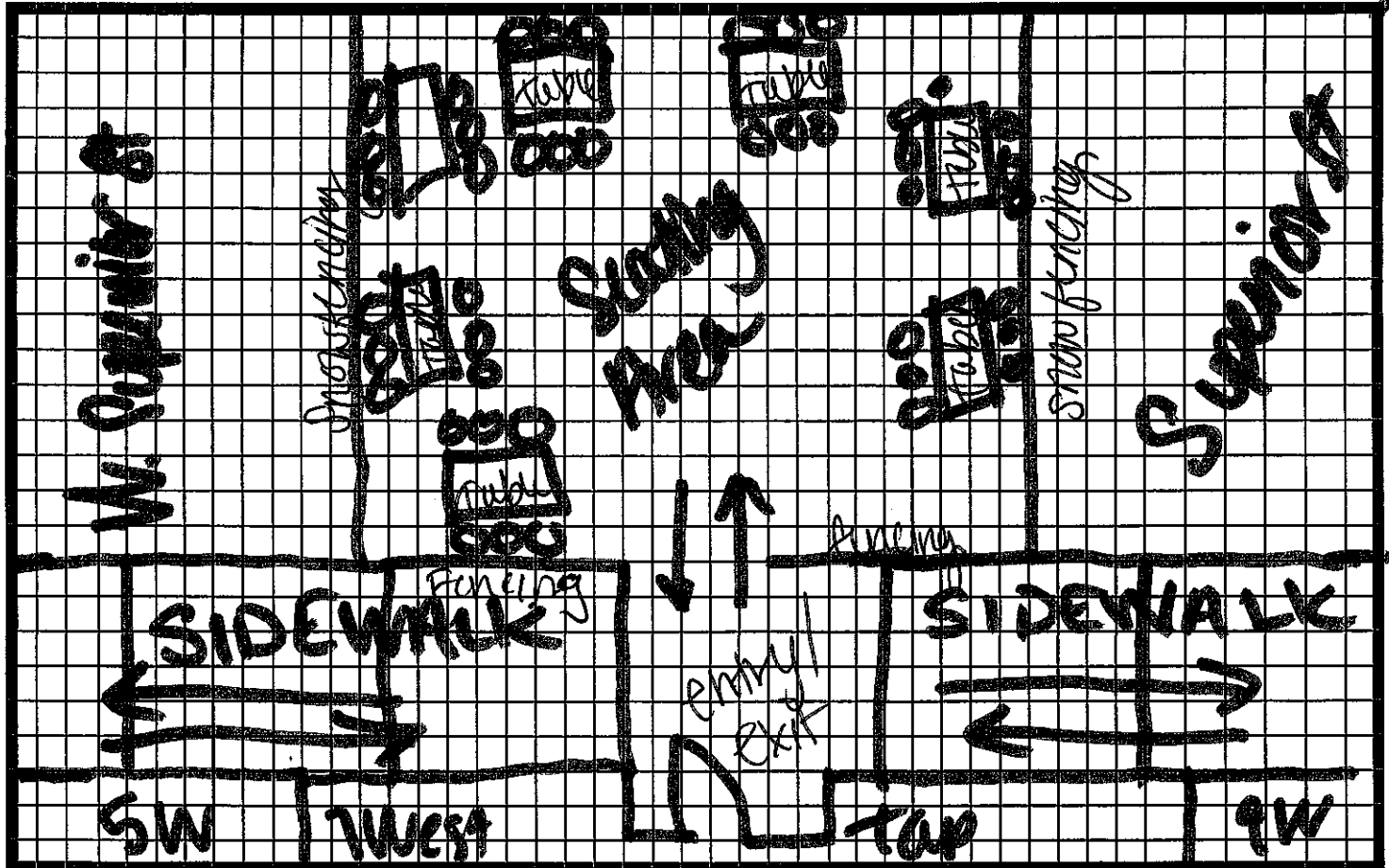
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Ride Lampton (Managing Partner) (d/b/a) *Trade Name: 7 West Taphouse
Date of Event: 7-13-16 *Address: 7W. SUPERIOR ST, DULUTH, MN 55802
*Name of Event: Sidewalk Days Classic Car Show *Time of Event: 5:00 PM
*Security Personnel: 7 West Staff *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 of the approved "designated serving area" identified here.

[Signature]
Signature of owner/authorized representative



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

50-100

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

50-100

2. What kind of advertisement have you done?

Social media, City of Downtown Web Page & Promotion

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

21+

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

yes

5. Will dancing be allowed at this event?

no

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.

[Signature]
Applicant Signature

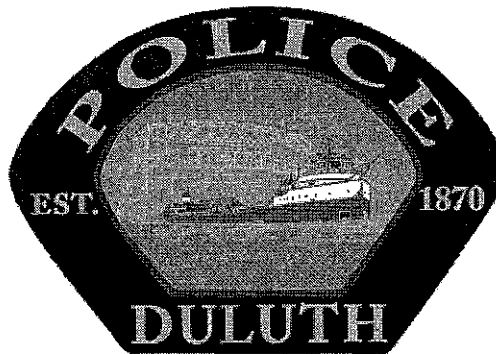
4/19/18
Date

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Is a licensed Peace Officer need for this event _____

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

Extra Duty Police Services Application
Attn: Officer Jim Hansen
Duluth Police Department
411 West First Street
Duluth, MN 55802
(218) 390-2232
Fax 218-730-5910



Name of Business/
Organization/Event: _____

Date(s)
Of Service: _____ Hours: _____

Location: _____

Number of
Officers: _____ Duties: _____

*They plan using own security.
Contact them if its an issue*

Contact
Person: _____ Position: _____

Contact
Address: _____ City: _____ Zip: _____

Contact
Phone: _____ Billing
Phone: _____

Billing
Name: _____

Billing
Address: _____ City: _____ Zip: _____

Federal ID # or Social Security #: _____

NOTICE TO APPLICANTS

The officers are at all times subject to the policies of the City of Duluth, the laws and Constitution of the United States and the state of Minnesota, and the rules and regulations governing employees of the Duluth Police Department (DPD). A Applicant has no authority over police personnel and is restricted to providing only a general assignment of duties to be performed by the officer. Those assignments never supersede DPD policy or procedures and the Applicant is hereby so advised. Extra duty officers remain under the exclusive control of the City and are accountable for strict adherence to its rules and regulations. Any conflicting rules of the Applicant will be disregarded. The officer shall refuse to perform any duties deemed to be in conflict with the guidelines established by DPD. As determined by the Department, officers may be recalled from extra duty to on duty status. This application is for law enforcement work only and does not exempt Applicants from obtaining other necessary permits for events. The City of Duluth Police Department is NOT obligated to provide extra duty services. The City reserves its right to deny an application for extra-duty officers.

DPD officers are not permitted to receive cash from Applicant for any reason whatsoever.

I have read and understand the Extra Duty Application:

Applicant

Date

Return to Officer Jim Hansen at above address, or email to: jhansen@duluthmn.gov