



**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	<u>6-16-2016</u>
LICENSE #	<u>58</u>

**LICENSE APPLICATION**

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY = <u>356.00</u>	\$356.00
<b>TOTAL: \$714.00</b>	

LICENSEE CORP NAME & BUSINESS ADDRESS:

JMMP ENT, LLC  
332 No 57TH AVE W  
DULUTH, MN 55807

\*\* MANAGER'S NAME & ADDRESS & PHONE #

PAMELA HOWE  
 \_\_\_\_\_  
 \_\_\_\_\_

D/B/A or TRADE NAME:

KOM ON INN

CELL OR BUSINESS PHONE

NO. 218 624-3385

\*\* EVENT LICENSE PERIOD: AUG 3, 4, 5

\*\*RAIN DATE: YES \_\_\_ NO X

IF YES, DATE: \_\_\_\_\_

**NEW INFORMATION**

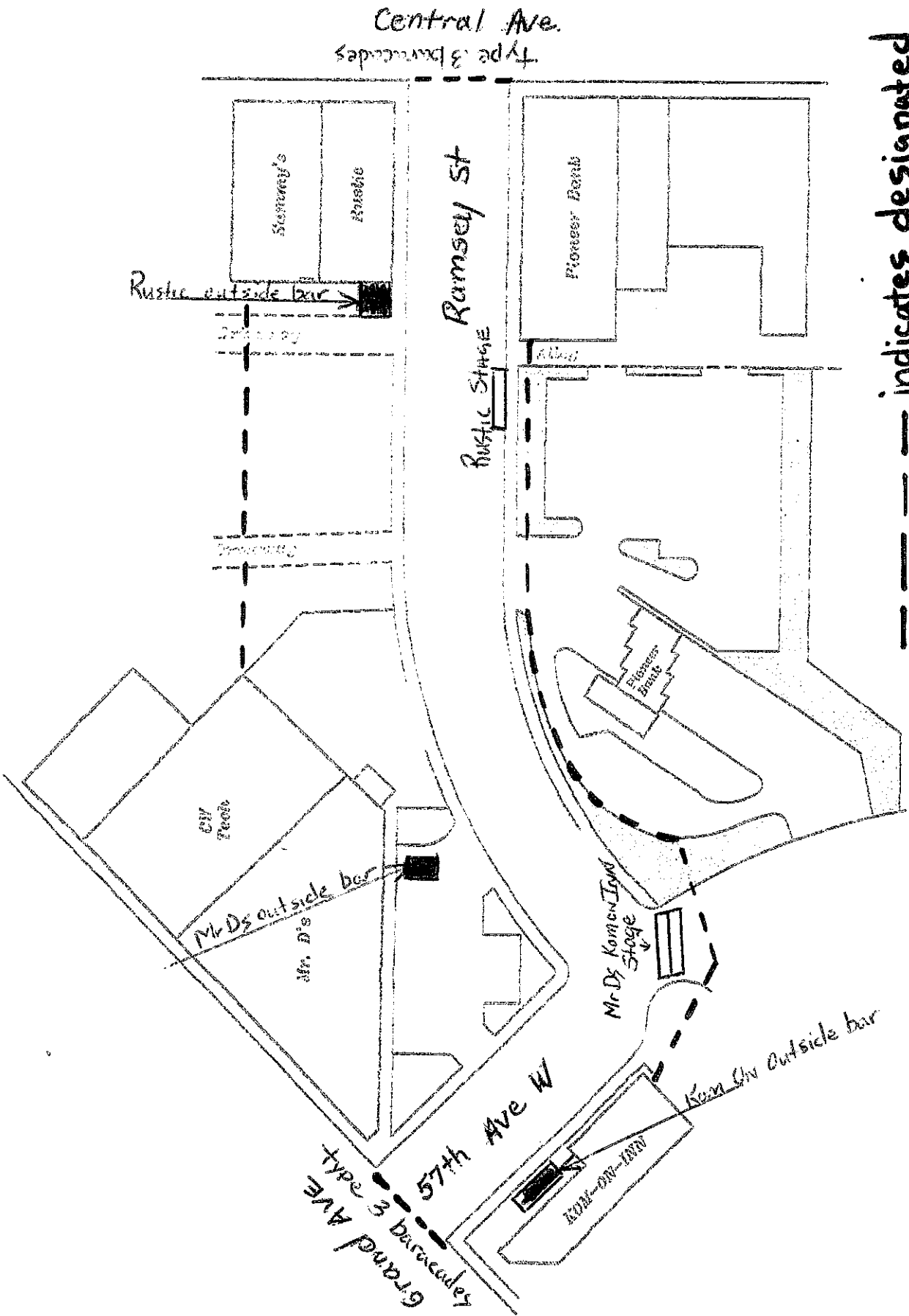
- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next month's meeting. All 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.

John S Ommundson  
 Signature of Applicant

MAILING ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Central Ave.  
Type 3 barricades

--- indicates designated  
Serving area

--- orange substance, guarded