

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 3 LICENSE #

Type in your information by tabbing through the boxes below. Print all forms, sign and submit to the address listed above.

LICENSE	APPLICATION			
LICENSE	LICENSE		E	
TEMPORARY EXPANSION OF LICE	ENSED PREMISES =	\$35	B. OO	
PLUS \$178.00 EACH	ADDITIONAL DAY =	\$		
	TOTAL:	\$		1 .
LICENSEE CORP NAME & BUSINESS ADDRESS:	D/B/A OR TRAI	DE NAME:	The	Red Herring Lounge
ZOS E 194 St. Duluth, MN 55802			1 .	218.341.0793
MANAGER'S NAME & ADDRESS & PHONE # Bob Monahan	EVENT LICENS	E PERIOD	9/3/1	6, 4-11pm
317 E 94 St. Duluth, MN 55805	RAIN DATE? IF YES, DATE	YES] NO [X	

NEW INFORMATION

- 1. <u>PLEASE NOTE:</u> 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 months 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.
- 2. SECURITY: Supply information to the License Inspector (218-730-5421).
- 3. <u>HEALTH DEPT</u>: An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (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 PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS:

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Signature of Applicant EMAIL: DUMGL Would you like notifications via email? YES NO

Date of Application	
License No.	

			A)	
TEMPORARY EXPANSION OF	LICENSED PREMISES		fi) 	1/ 1
Owner: Robert Mondhan	(d/b/a) Trade Name:	The	Red	Herring Longe
Date of Event: <u>9/3/16</u> Address:	2008 E 15+	St.	-	, , , , , , , , , , , , , , , , , , , ,
Name of Event: Super 1319 Block Party	Time of Ev	vent:	3pm	
Security Personnel: in - house	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 as "NORTH."

I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of Minnesota 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 of owner/authorized representative

City of Duluth Treasurer's Office 105 City Hall Duluth, MN 55802 (218) 730-5350

RECEIPT

Clerks 1 2830 Marian 0 PAYMENT CODE RECEIPT DESCRIPTION TRANSACTION AMO	
CD-License License - 39	
	\$358.00
	, , , , , , , , , , , , , , , , , , ,
Total Cash 0.00	
Total Check 358.00 Total Charge 0.00	
Total Other <u>0.00</u> Total Remitted 358.00	
Change0.00	
Total Received 358.00 Total Amount:	\$358.00

OWNER INFORMATION

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Name: Address:

Tax Parcel No:

THIS IS NOT A PERMIT