



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: 3-21-2017  
License No. 700194

## 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 <u>\$594.00</u>
TEMPORARY ON SALE LIQUORE – 1 <sup>ST</sup> DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY = <u>X (2) DAYS</u>	\$ <u>296.00</u>
TOTAL =	\$ <u>594.00</u>

**LICENSEE BUSINESS NAME & ADDRESS:**

GRANDMA'S MARATHON DULUTH, INC.  
PO BOX 16234  
DULUTH MN 55816

**TRADE NAME OR NAME OF EVENT:**

GRANDMA'S MARATHON  
BUSINESS PHONE NO: 218 727 0947

**MANAGER'S NAME & ADDRESS:**

LINDA HANSON  
PO BOX 16234  
DULUTH MN 55816

**OWNER OF BUSINESS PREMISES:**

GRANDMA'S, INC. / ETOR  
EVENT LICENSE DATE (S): FRIDAY - 6/16/17  
SATURDAY - 6/17/17  
SUNDAY - 6/18/17

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 PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.



Grandma's Marathon  
PO Box 16234  
Duluth, MN 55816

Linda Hanson

SIGNATURE OF APPLICANT

EMAIL: LINDA@GRANDMASMARATHON.COM



CITY OF DULUTH  
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DATE 3-21-2017

LICENSE # 760194

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### LICENSE APPLICATION

LICENSE	FEE
DANCE (with a liquor license)	SEE BELOW: \$ <u>357.00</u>

LICENSEE BUSINESS NAME & ADDRESS  
(Corporation/Individual/Partnership)

Grandma's Marathon  
PO Box 16234  
Duluth, MN 55816

TRADE NAME: GRANDMA'S MARATHON

BUSINESS PHONE: 218 727 0947

OWNER OF BUSINESS PREMISES:

ETOR  
DEDA

MANAGER'S NAME/ADDRESS/PHONE NO.

LINDA HANSON  
PO BOX 16234  
DULUTH MN 55816-0234  
218 727 0947

LICENSE PERIOD: FRIDAY - 6/16/17  
SATURDAY - 6/17/17  
SUNDAY - 6/18/17

1. Annual dance - Sept. 1 - Aug 31<sup>st</sup> @ \$1,130.00

2. One day/evening per day (3) @ \$119.00 \$357.00

3. Seasonal - May 1 - August 31<sup>st</sup> @ \$386.00

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.

Signature of Applicant

LINDA HANSON  
FINANCE & OPER. DIR.

MAILING ADDRESS



Grandma's Marathon  
PO Box 16234  
Duluth, MN 55816



Date of Application \_\_\_\_\_

License No. \_\_\_\_\_

TEMPORARY ON SALE LIQUOR (GRAPH)

\*Owner: Grandma's Marathon-Duluth, INC. (d/b/a)\*Trade Name: Grandma's Marathon

\*Date of Event: 6/16/17 6/17/17 6/18/17 Address PO Box 16234 Duluth, MN 55816

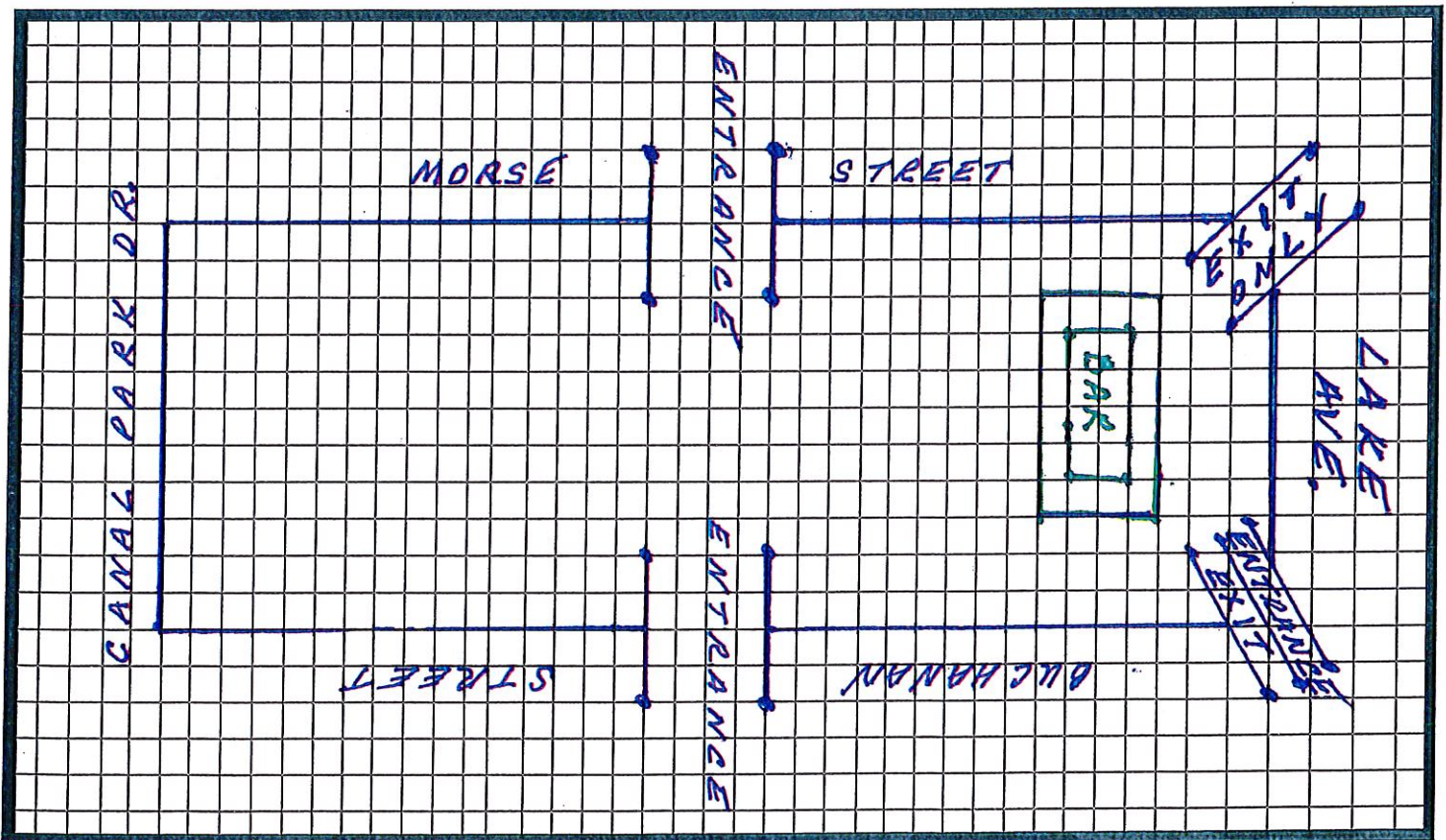
\*Name of Event: Grandma's Marathon \*Time of Event: Fri.- 6/16/17 7pm-2am  
Sat.- 6/17/17 8am-12pm  
Sun.- 6/18/17 12:01am-2am

\*Security Personnel: Duluth Police Dept. & \*Firm: Fond du Lac Law Enforcement Cadets

**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.

*Linda Hanson*  
LINDA HANSON - FINANCE & OPER. DIR.



## CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:  
Grandma's Marathon - Duluth, Inc.
2. Trade Name: Grandma's Marathon
3. Address of place to be licensed: Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Fenced-in parking lot surrounded by Canal Park Drive, Buchanan St., Lake Ave. & Morse St.
5. Name and address of owner of building: DNA  
\_\_\_\_\_  
\_\_\_\_\_
- Any connection with applicant? \_\_\_\_\_ Who receives the rent? \_\_\_\_\_
6. Who will direct the operation of the business or serve as manager on the premises?  
List name, address & title: Linda Hanson, Finance & Operations Director of Grandma's Marathon  
PO Box 16234 - Duluth, MN 55816-0234
7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:  
Grandma's Marathon is a MN Non Profit w/ 501 C-3 Status  
\_\_\_\_\_  
\_\_\_\_\_
9. State approximate distance of this establishment from the nearest academy, college, university, church or school:  
Exact distance unknown. Harbor City International School is located at 4th Ave. W. & Michigan St.
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.  
NONE

**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: 

Date: 3 10 17

Signature: 

Date: 3 10 17