



City of Duluth – City Clerk's Office
411 W First Street – City Hall 318
Duluth, MN 55802-1189
Phone: (218) 730-5500

RECEIVED

APR 26 2023

CITY OF DULUTH
CITY CLERK'S OFFICE

LICENSE APPLICATION

For Office Use Only

Date: _____

License No. _____

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 ST DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$ 60.00

LICENSEE BUSINESS NAME & ADDRESS:

Girl Scouts of MN and WI

424 W Superior St

Duluth, MN 55802

TRADE NAME OR NAME OF EVENT:

Cookies on Tap

BUSINESS PHONE NO: 218-726-4710

MANAGER'S NAME & ADDRESS:

OWNER OF BUSINESS PREMISES: _____

Clyde Iron Works

EVENT LICENSE DATE (S): 06/29/2023

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

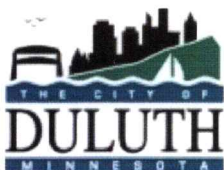
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS

EMAIL: _____

SIGNATURE OF APPLICANT

[Handwritten Signature]



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Girl Scouts of Minnesota and Wisconsin Lakes and Pines
2. Trade Name: _____
3. Address of place to be licensed: _____
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) _____
5. Name and address of owner of building: Clyde Iron Works
2920 W Michigan St
Duluth, MN 55806
- Any connection with applicant? N/A Who receives the rent? N/A
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Mack Peters, 424 W Superior St, Duluth, MN 55802 - Development Manager
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:

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:

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.

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.

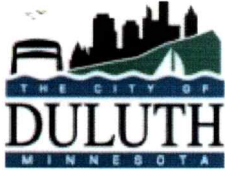
I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol, Gambling and Tobacco 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: *Lugh Ann Davis*

Date: 4-13-23

Signature: _____

Date: _____



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

100

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

200

2. What kind of advertisement have you done? _____

Social Media, Posters, Rack Cards, and word of mouth.

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

21-65

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.

Lugh Ann Davis

Applicant Signature

4-13-23

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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

DULUTH LEGISLATIVE CODE.

CHAPTER 8.

BEVERAGES.

Article 1. Alcoholic Beverages.

Subdivision II. Licenses.

Sec. 8-44. To whom licenses issued--intoxicating liquor.

...(e) Temporary on sale liquor licenses shall be issued only to:

- (1) Clubs, charitable organizations, religious organizations and other nonprofit organizations in existence for at least three years;
- (2) A registered political committee;
- (3) A state university; or
- (4) A brewer who manufactures fewer than 3,500 barrels of malt liquor in a year;

in connection with a social event sponsored by the licensee. The license shall be issued for a limited length of time, not to exceed four consecutive days. Temporary on sale licenses to any one organization or for one location shall not exceed more than three four-day, four three-day, six two-day or 12 one-day licenses, in any combination not to exceed 12 days per year. No more than one license shall be issued to any one organization or for any one location within any 30 day period unless the licenses are issued in connection with an event officially designated a community festival by the city. The city may authorize the temporary on sale liquor license on premises other than premises the licensee owns or permanently occupies. The license may provide that the licensee may contract for intoxicating liquor catering services with the holder of a full-year on sale intoxicating liquor license used by the city;...



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7513 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date organized		Tax exempt number	
Girl Scouts of Minnestoa and Wisconsin Lakes and Pines		02/14/2008		41-0877820	
Address		City	State	Zip Code	
400 2nd Ave. South		Waite Park	Minnesota	54880	
Name of person making application		Business phone		Home phone	
Mack Peters		218-726-4710		218-591-0703	
Date(s) of event		Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer			
06/23/2022		<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit			
Organization officer's name		City	State	Zip Code	
			Minnesota		
Organization officer's name		City	State	Zip Code	
			Minnesota		
Organization officer's name		City	State	Zip Code	
			Minnesota		

Location where permit will be used. If an outdoor area, describe.
Indoor at Clyde Iron Works in West Duluth.
2920 W Michigan St. Duluth, MN 55806

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
Clyde Iron Works
2920 W Michigan St. Duluth, MN 55806

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license	Date Approved
Fee Amount	Permit Date
Date Fee Paid	City or County E-mail Address
Signature City Clerk or County Official	City or County Phone Number

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US



GIRLSCO-02

JLIETHA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Holden Insurance Agency, Inc. 823 Belknap St., Suite 121 PO Box 459 Superior, WI 54880	CONTACT NAME: PHONE (A/C, No, Ext): (715) 394-7741 E-MAIL ADDRESS: holden@holdeninsurance.com FAX (A/C, No): (715) 394-7502
INSURER(S) AFFORDING COVERAGE	
INSURER A: Granite State Insurance Co	
INSURER B: New Hampshire Insurance Co	
INSURER C: National Union Fire Ins Co	
INSURER D: National Casualty Co	
INSURER E:	
INSURER F:	

INSURED

Girl Scouts of Minnesota & Wisconsin Lakes & Pines
400 2nd Ave S
Waite Park, MN 56387

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AIP1333685400	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA0442498040	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AIX0001333685500	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WCC330968A	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Cookies on Tap. June 29, 2023.

A 30 day notice of cancellation applies in favor of the City of Duluth, 10 days for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

City of Duluth
411 W 1st Street
Duluth, MN 55802

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles L. Johnson