



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

For Office Use Only Date: _____ License No. _____
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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
TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$60

LICENSEE BUSINESS NAME & ADDRESS:
 Duluth Children's Museum
 2125 West Superior Street
 Duluth, MN 55806

TRADE NAME OR NAME OF EVENT:
 A Night at the Brewseum
BUSINESS PHONE NO: (218) 733-7543

MANAGER'S NAME & ADDRESS:
 Carolyn Nelson-Kavajecz
 Duluth Children's Museum
 2125 W Superior St, Duluth, MI

OWNER OF BUSINESS PREMISES: _____
 Duluth Children's Museum
EVENT LICENSE DATE (S): 10/7/2023

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
 Duluth Children's Museum
 2125 W Superior St, Duluth, MN 55806
EMAIL: lcasady@duluthchildrensmuseum.org

SIGNATURE OF APPLICANT



**CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Duluth Children's Museum

2. Trade Name: Duluth Children's Museum

3. Address of place to be licensed: 2125 West Superior Street, Duluth, MN 55806

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) first floor, outdoor (fenced in) courtyard

5. Name and address of owner of building: Duluth Children's Museum
2125 West Superior Street
Duluth, MN 55806

Any connection with applicant? self 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: Carolyn Nelson-Kavajecz, Interim Executive Director
Duluth Children's Museum, 2125 W Superior St, Duluth, MN 55806

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:

Allyse Prichard (0) Kate Van Daele (0)
Roger Reinert (0) Lee Cutler (0)
Erica Henkel (0) Melissa Goodson (0) Matt Ostby (0)

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

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.
0

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: _____

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

200

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

2. What kind of advertisement have you done? _____

None yet; will be doing social media, website, radio, and print

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 (samples given)

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.



Applicant Signature

7/14/2022

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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