



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. \_\_\_\_\_

### 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 <sup>ST</sup> DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ <u>      </u>
<b>TOTAL =</b>	<b>\$ <u>60</u></b>

**LICENSEE BUSINESS NAME & ADDRESS:**  
Northland Newborn Foundation  
821 Northland Ave  
Duluth, MN 55804

**TRADE NAME OR NAME OF EVENT:**  
Savar du Nord  
**BUSINESS PHONE NO:** 218-590-7238 (Dnb)

**MANAGER’S NAME & ADDRESS:**  
Dnb Peters, Board Member  
4440 Carey Rd  
Duluth, MN 55803

**OWNER OF BUSINESS PREMISES:** Clyde IronWales  
**EVENT LICENSE DATE (S):** Nov. 14, 2024

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

Alcohol in City Parks? Yes  No  If Yes, Contact Parks & Recreation at 218-730-4305

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** 10 Dnb Peters  
4440 CAREY Rd  
Duluth, MN 55803

*Dnb Peters*  
 SIGNATURE OF APPLICANT

**EMAIL:** dnbpeters5@gmail.com



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

- 1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:  
Northland Newbourn Foundation
- 2. Trade Name: Savor du Nord
- 3. Address of place to be licensed: Clyde Iron Works Malting Building
- 4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Malting Building
- 5. Name and address of owner of building: Clyde Iron Works Malting Building  
2907 Helen St.  
Duluth, MN 55806

Any connection with applicant? No Who receives the rent? \_\_\_\_\_

- 6. Who will direct the operation of the business or serve as manager on the premises?  
List name, address & title: Deb Peters, Savor Committee member & Board Member  
4440 Carey Rd Duluth MN 55807

- 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:  
5 miles

- 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 or the attached personal supplemental affidavit, 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: Deb Peters Date: 6-8-2024  
 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 250  
If Yes, how many people are you expecting to attend? \_\_\_\_\_

2. What kind of advertisement have you done? Social media,  
radio spots, posters

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

4. Will alcohol be sold or given away at this event? Yes  
fasting event

5. Will alcohol service take place in City Parks? 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.

[Signature]  
Applicant Signature

6-8-2024  
Date

**For office use only**

Is a licensed Peace Officer needed for this event? \_\_\_\_\_

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