



**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

<b>FOR OFFICE USE ONLY</b>	
DATE _____	
LICENSE # _____	

**LICENSE APPLICATION**

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
<b>TOTAL: \$</b>	

**LICENSEE CORP NAME & BUSINESS ADDRESS:**

EVOL LLC 230 Nynas rd east MN  
113 W. 1st St Aces on 1st

**D/B/A or TRADE NAME:**

Aces on 1st

**\*\* MANAGER'S NAME & ADDRESS & PHONE #**

Capt Grover 230 Nynas rd  
Charles Larson 15 N 10th AVE APT E  
218-591-5539

**CELL OR BUSINESS PHONE**

NO. 218-428-6461

**\*\* EVENT LICENSE PERIOD:**

7-13 / 7-20 <sup>12:00am</sup> <sub>note</sub>

**\*\*RAIN DATE: YES  NO**

IF YES, DATE: 7-20-18

**NEW INFORMATION**

- PLEASE NOTE:** 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 month's 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.
- SECURITY:** Supply information to the License Inspector @ 730-5421.
- HEALTH DEPT:** An application must be on file with the State Health Dept., for the serving of food and alcohol at 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 PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

Capt Grover  
 Signature of Applicant

**MAILING ADDRESS:**

230 Nynas rd  
05100 MN 55733



**TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)**

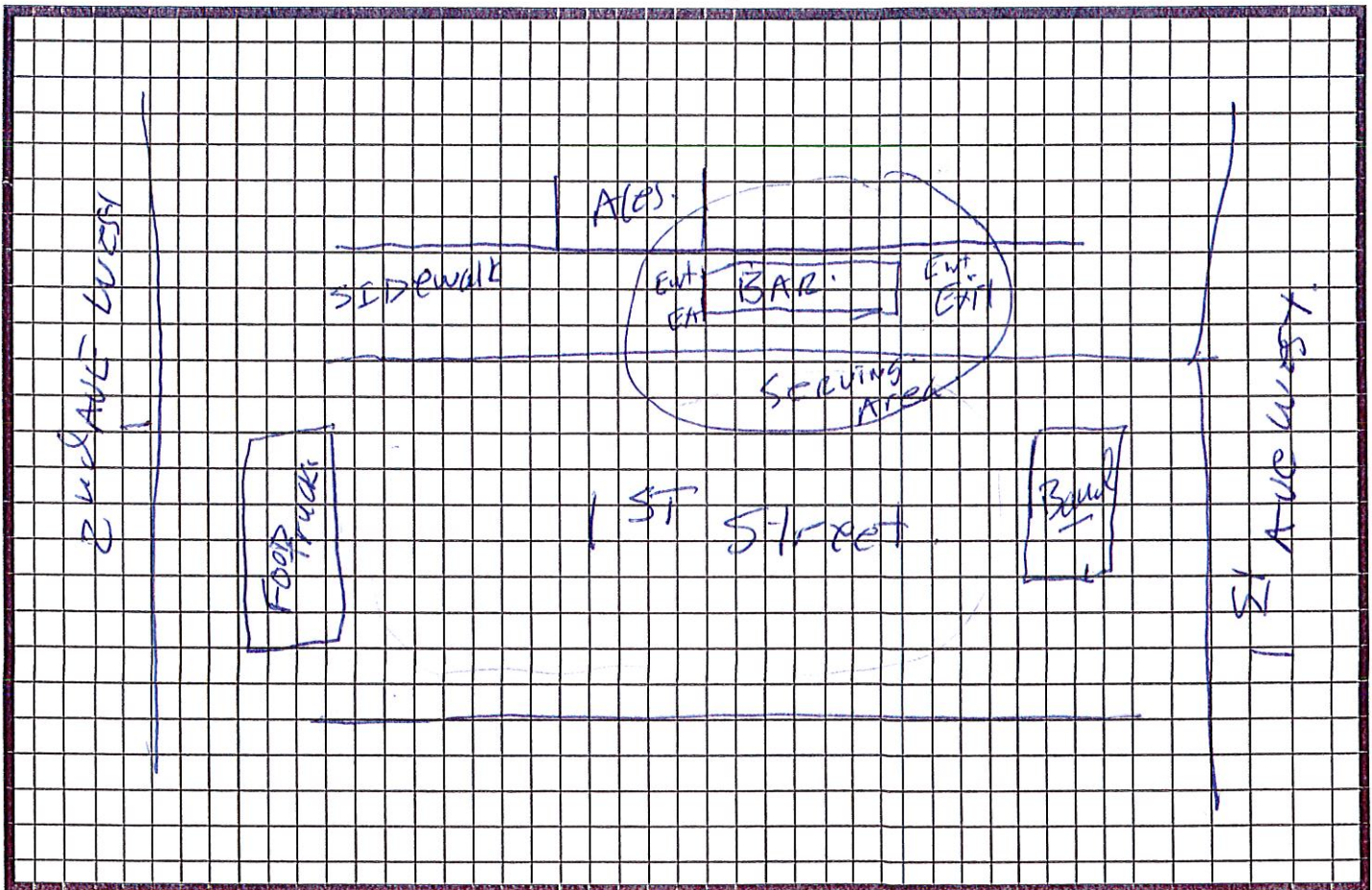
Owner: EVOL LLC (d/b/a)\*Trade Name: Aces on 1<sup>st</sup>  
 Date of Event: 7-13-18 \*Address 113 W 1<sup>st</sup> St Duluth MN 55785  
 \*Name of Event: DOWNTOWN DAYS CEL. \*Time of Event: 8 - 12 AM  
 \*Security Personnel: Self / POLICE OFFICERS \*Firm: DULUTH

**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".

*NO FENCING*

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 fo the approved "designated serving area" identified here.

*Carl Brown*  
 Signature of owner/authorized representative



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 500  
 If Yes, how many people are you expecting to attend? \_\_\_\_\_
- 2. What kind of advertisement have you done?  
DOWNTOWN DAYS Ads.
- 3. What is the age of the target group for this event?  
45
- 4. Will alcohol be  sold or given away at this event?  
Sold.
- 5. Will dancing be allowed at this event?  
minimal

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.

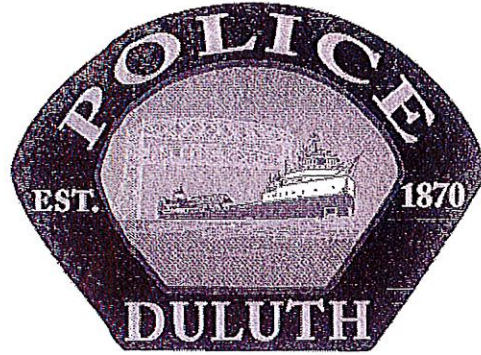
ADT GROVE  
Applicant Signature

6-18-18  
Date

<b>For office use only</b>
Is a licensed Peace Officer need for this event _____
If yes, how many licensed peace officers will be required _____



Extra Duty Police Services Application  
Attn: Officer Jim Hansen  
Duluth Police Department  
411 West First Street  
Duluth, MN 55802  
(218) 390-2232  
Fax 218-730-5910



Name of Business/  
Organization/Event: ACCESS ON 1<sup>ST</sup>, DOWNTOWN DAYS.  
Date(s)  
Of Service: 7-13-18 Hours: 8-12am  
Location: 113 W. 1<sup>ST</sup> ST Duluth MN 55802  
Number of  
Officers: 2 Duties: WATCH CROWD.

Contact  
Person: CAPT GROVE Position: OWNER  
Contact  
Address: 230 NYNOS RD City: ESKO Zip: 55733  
Contact  
Phone: 218-428-6461 Billing  
Phone: 218-428-6461  
Billing  
Name: EVOK LLC  
Billing  
Address: 230 NYNOS RD City: ESKO Zip: 55733

Federal ID # or Social Security #: \_\_\_\_\_

#### NOTICE TO APPLICANTS

The officers are at all times subject to the policies of the City of Duluth, the laws and Constitution of the United States and the state of Minnesota, and the rules and regulations governing employees of the Duluth Police Department (DPD). A Applicant has no authority over police personnel and is restricted to providing only a general assignment of duties to be performed by the officer. Those assignments never supersede DPD policy or procedures and the Applicant is hereby so advised. Extra duty officers remain under the exclusive control of the City and are accountable for strict adherence to its rules and regulations. Any conflicting rules of the Applicant will be disregarded. The officer shall refuse to perform any duties deemed to be in conflict with the guidelines established by DPD. As determined by the Department, officers may be recalled from extra duty to on duty status. This application is for law enforcement work only and does not exempt Applicants from obtaining other necessary permits for events. The City of Duluth Police Department is NOT obligated to provide extra duty services. The City reserves its right to deny an application for extra-duty officers.

DPD officers are not permitted to receive cash from Applicant for any reason whatsoever.

**I have read and understand the Extra Duty Application:**

CAPT GROVE  
Applicant

6-18-18  
Date

Return to Officer Jim Hansen at above address, or email to: [jhansen@duluthmn.gov](mailto:jhansen@duluthmn.gov)