



**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

FOR OFFICE USE ONLY	
DATE:	6-19-18
LICENSE #:	94

Type in your information by tabbing through the boxes below.  
 Print all forms, sign and submit to the address listed above.

**LICENSE APPLICATION**

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ 356.00
<b>TOTAL:</b>	<b>\$ 714.00</b>

LICENSEE CORP NAME & BUSINESS ADDRESS:

JMMP ENT., LLC  
332 N 5TH AV W  
DULUTH, MN 55807

MANAGER'S NAME & ADDRESS & PHONE #

PAMELA HOULE  
SAME ADDRESS  
218 390 8630

D/B/A OR TRADE NAME: KOM ON INN

CELL OR BUSINESS PHONE NO. 218 624 3385

EVENT LICENSE PERIOD: \_\_\_\_\_

RAIN DATE? YES  NO

IF YES, DATE: \_\_\_\_\_

**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 months 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 (218-730-5421).
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (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 PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

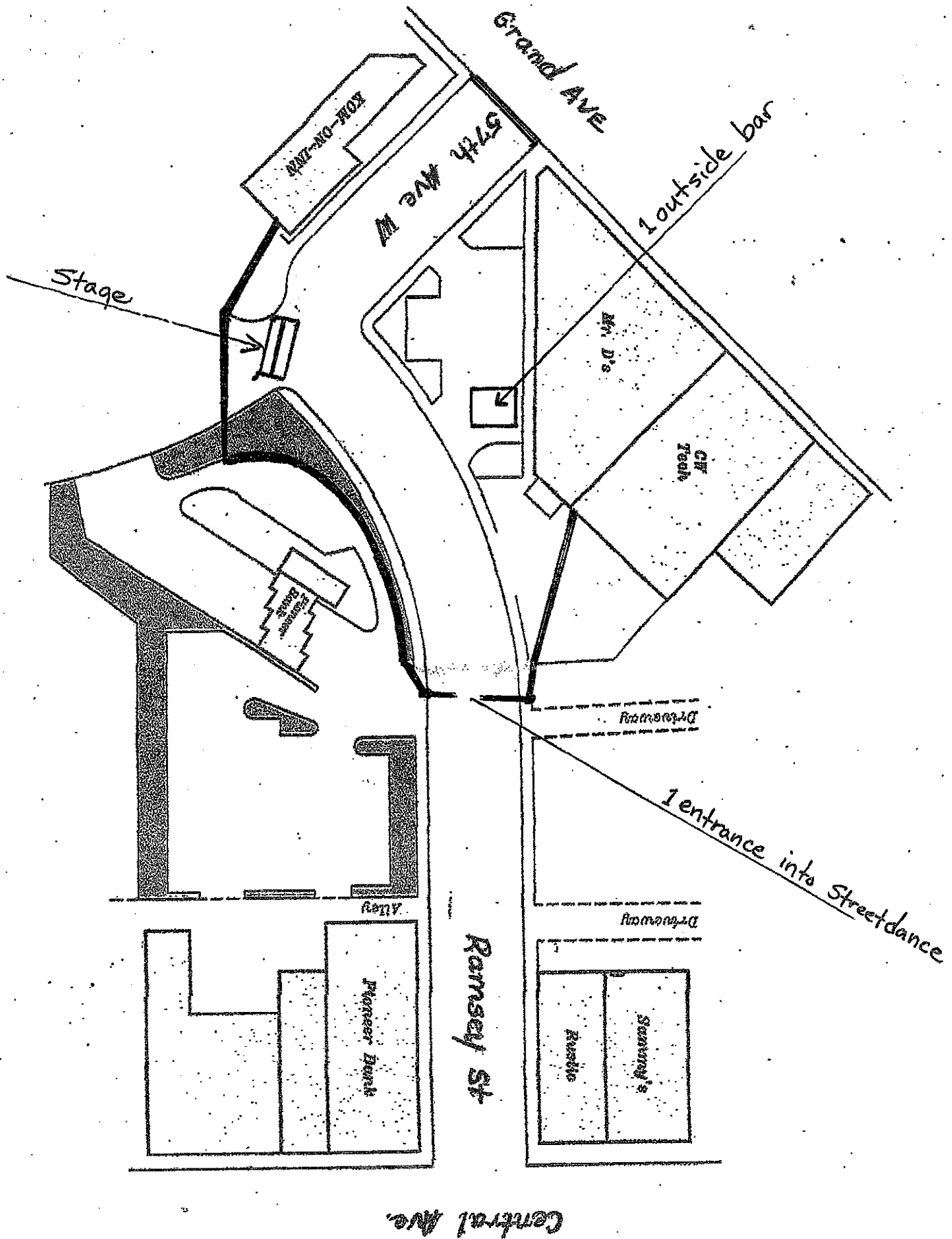
John S Omerdoen  
 Signature of Applicant

MAILING ADDRESS:

SAME AS ABOVE

EMAIL: LITTLEJOHNNY6@MSN.COM

Would you like notifications via email? YES  NO





# 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

1500-2000

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

\_\_\_\_\_

2. What kind of advertisement have you done? PRINT, RADIO

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

21+UP

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

YES

5. Will dancing be allowed at this event?

YES

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.

John S. Omundson

Applicant Signature

6-12-18

Date

### For office use only

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

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

