



City of Duluth – City Clerk's Office
 411 W First Street – City Hall 330
 Duluth, MN 55802-1189
 Phone: (218) 730-5500
 Fax: (218) 730-5923

For Office Use Only
 Date: 11-27-17
 License No. 760202

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 =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$ <u>298.00</u>

LICENSEE BUSINESS NAME & ADDRESS:

Minnesota Ballet
301 W First St. STE 800
Duluth MN 55802

TRADE NAME OR NAME OF EVENT:

Celebrity DANCE CHALLENGE

BUSINESS PHONE NO: 218 529 3742

MANAGER'S NAME & ADDRESS:

MARY Gummerson
301 W First St. STE 800
Duluth MN 55802

OWNER OF BUSINESS PREMISES:

MARSHALL SCHOOL

EVENT LICENSE DATE (S): 2/8/2018

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.

Mary Gummerson
 SIGNATURE OF APPLICANT

MAILING ADDRESS
301 W FIRST STE 800
Duluth MN 55802

EMAIL: Marygummerson@
minnesotaballet.org



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

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Minnesota Ballet 501 (c)(3) Corporation

2. Trade Name: Minnesota Ballet

3. Address of place to be licensed: Marshall School, Fregeau Auditorium, 1215 Rice Lake Road, Duluth, MN

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) One corner of Fregeau Auditorium

5. Name and address of owner of building: Marshall School
1215 Rice Lake Road
Duluth, MN 55802

Any connection with applicant? N/A Who receives the rent? Marshall School

6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Mary Gummerson, Executive Managing Director
301 West First Street, Suite 800 Duluth, MN 55802

7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:
N/A N/A

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:
N/A N/A

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
Property of private 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.
None

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: Mary Gummerson

Date: 11/22/2017

Signature: _____

Date: _____