



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 4-20-18
 LICENSE # 88

LICENSE APPLICATION

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

LICENSEE CORP NAME & BUSINESS ADDRESS:

Shotz Bar Inc
1321 commonwealth ave.
Duluth mn 55808

D/B/A or TRADE NAME:

Shotz Bar

** MANAGER'S NAME & ADDRESS & PHONE #

Kathleen Rose
4105 London Rd
Duluth mn 5580

CELL OR BUSINESS PHONE

NO. 218-591-3836

** EVENT LICENSE PERIOD:

6-23-18

**RAIN DATE: YES ___ NO X

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 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.



 Signature of Applicant

MAILING ADDRESS:

Shotz Bar
1321 commonwealth ave
Duluth mn 55808

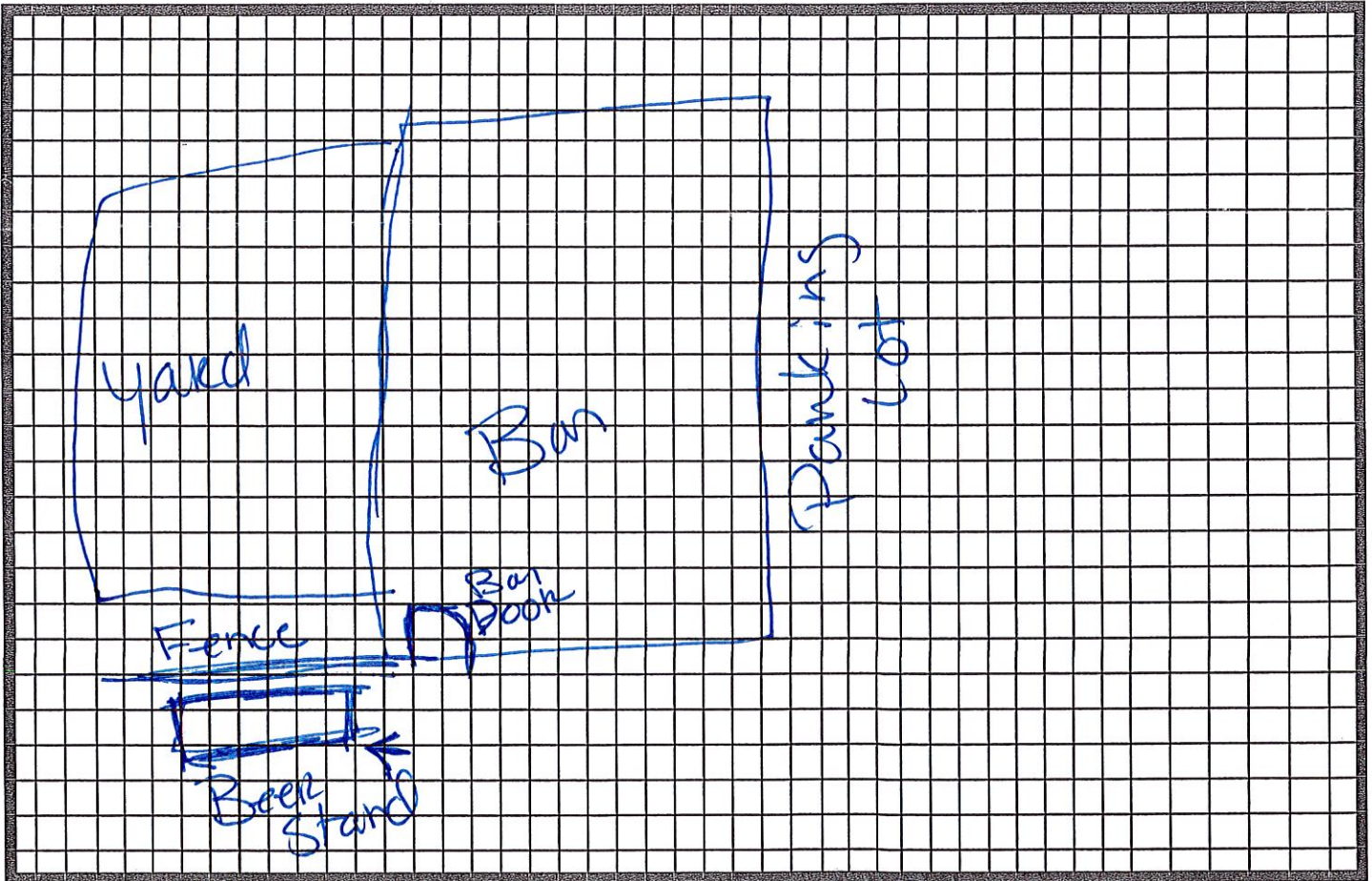
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Shatz Bar Inc (d/b/a)*Trade Name: Shatz Bar Inc
Date of Event: _____ *Address 1321 Commonwealth Ave
*Name of Event: Fan West Fest *Time of Event: Street Dance
*Security Personnel: Personal *Firm: me

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".

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.

Shatz Bar Inc
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

?

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

?

2. What kind of advertisement have you done?

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

adults 21+

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.

[Handwritten Signature]

Applicant Signature

4-20-2018

Date

For office use only

Is a licensed Peace Officer need for this event _____

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