

**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 4-26-2017

LICENSE # 70

### LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ 178 <sup>00</sup>
TOTAL: \$ 536 <sup>00</sup>	

LICENSEE CORP NAME & BUSINESS ADDRESS:

Alpine BAR & Lounge INC  
1308 Commonwealth Ave  
Duluth, MN 55808

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

Kim Eskola  
1308 Commonwealth Ave  
Duluth, MN 55808

D/B/A or TRADE NAME:

Alpine BAR & Lounge Inc

CELL OR BUSINESS PHONE

NO. 218 626 9979

\*\* EVENT LICENSE PERIOD: JUNE 23<sup>RD</sup> - 25<sup>TH</sup> 2017

\*\*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 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.

Kim Eskola  
Signature of Applicant

MAILING ADDRESS:

1308 Commonwealth Ave  
Duluth MN 55808

Date of Application \_\_\_\_\_  
License No. \_\_\_\_\_

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

Owner: \_\_\_\_\_ (d/b/a)\*Trade Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*Name of Event: \_\_\_\_\_ \*Time of Event: \_\_\_\_\_

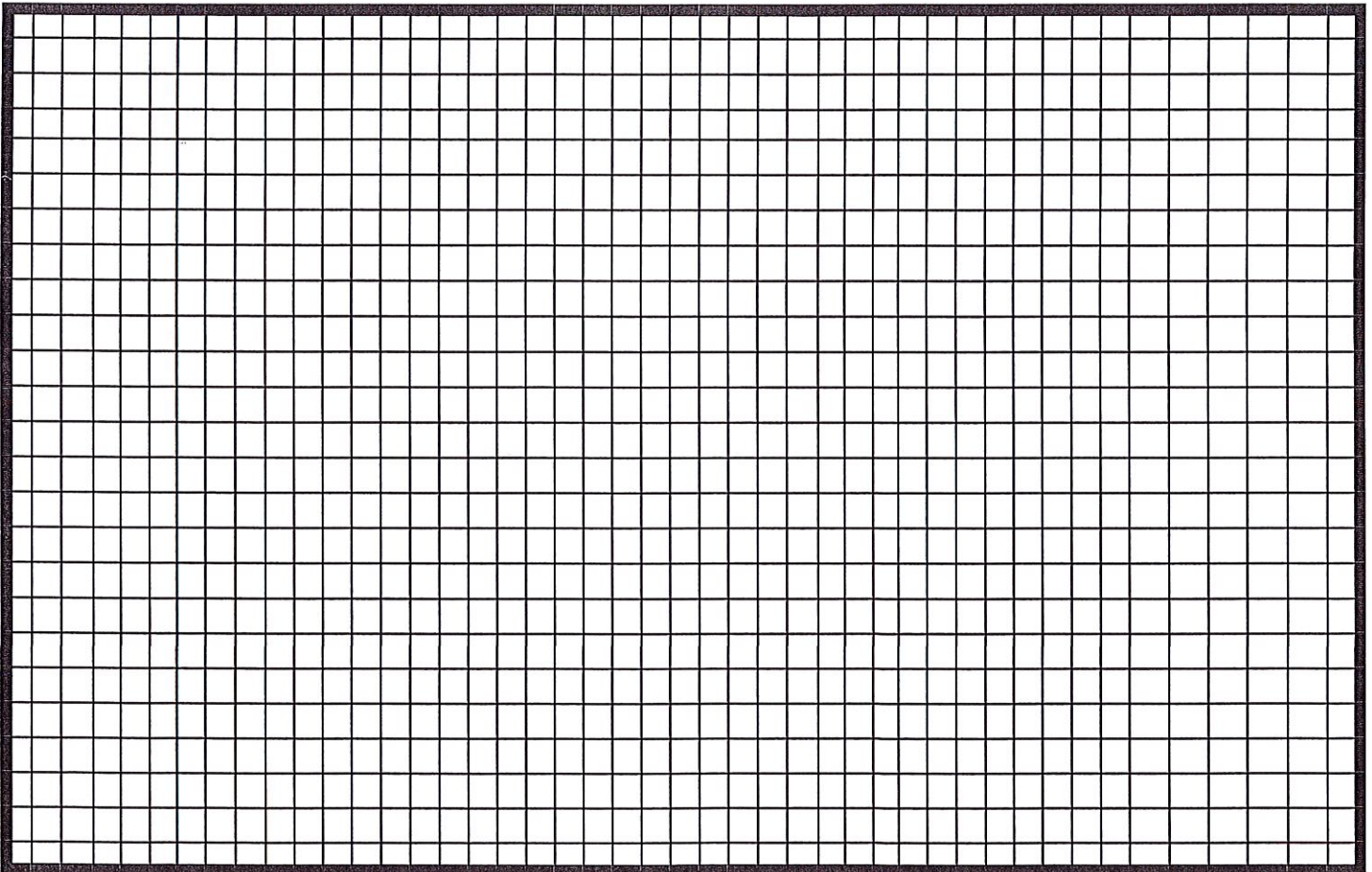
\*Security Personnel: \_\_\_\_\_ \*Firm: \_\_\_\_\_

**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".

*Cha Vang has drawings  
will be meeting again with DPD*

**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.

*H. Eskola*

Signature of owner/authorized representative