



City of Duluth – City Clerk's Office
411 W First Street – City Hall 318
Duluth, MN 55802-1189
Phone: (218) 730-5500



For Office Use Only

Date: _____

License No. _____

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 =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ <u>0</u>
TOTAL =	\$ <u>60.00</u>

LICENSEE BUSINESS NAME & ADDRESS:

DuLilith LLC
Po Box 1435 / 210 Cleveland Blvd W
Walker, MN 56484

TRADE NAME OR NAME OF EVENT:

DuLilith
BUSINESS PHONE NO: 218-507-0637

MANAGER'S NAME & ADDRESS:

Brandy Starr Ringle
Po Box 1435
Walker, MN 56484

OWNER OF BUSINESS PREMISES:

Chester Bowl
EVENT LICENSE DATE (S): 10-04-2025

Will you hire security? Yes ☐ No ☒ We will have Volunteers

Security Personnel Questions? Call 730-5421

Contact State Health Department at 723-4642 For Application for Beer and/or Food.
Security Personnel Questions? Call 730-5421

Alcohol in City Parks? Yes ☒ No ☐

If Yes, Contact Parks & Recreation at 218-730-4305

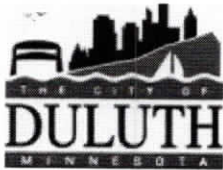
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

SIGNATURE OF APPLICANT

MAILING ADDRESS

Po Box 1435
Walker MN 56484

EMAIL: brandystarringle@gmail.com



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:

DuLilith LLC

2. Trade Name: DuLilith

3. Address of place to be licensed: Chester Bowl / 1801 E. Skyline Pkwy Duluth

4. Designated Serving Areas (i.e. round floor, second, deck, etc.)

One booth / will have a tent & tables

5. Name and address of owner of building: Chester Bowl

1801 E. Skyline Pkwy

Duluth MN 55812

Any connection with applicant? no

Who receives the rent? no rent

6. Who will direct the operation of the business or serve as manager on the premises?

List name, address & title: Brandy Ringle / DuLilith

Po Box 1435 Walker MN 56484

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

Brandy Ringle 1/3

Charity Huot Benedict 1/3

Trish Kroening 1/3

8. If corporation, list all stockholders, directors, officers and the percentage of ownership for each:

0

9. State approximate distance of this establishment from the nearest alcohol establishment:

.5 mile

10. State whether any consideration, money or property, has been paid, by anyone, and to whom, for the purchase or operation of this business:

0

DuLilith is a one day event at Chester Bowl from 11:00 am to 7:00 pm

All Women musicians and a tribute to the 1990's LiLith Fair music festival
It will be a free event for all ages

Failure to answer all questions truthfully on this application or the attached personal supplemental affidavit, 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: Brandy Ringle

Date: 8-15-25

Signature: _____

Date: _____



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?

200

2. What kind of advertisement have you done?

just a Facebook page so far,
planning to have posters made soon

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

all ages

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

sold

5. Will alcohol service take place in City Parks?

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.

Brendy Star Binge
Applicant Signature

8-15-25
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization <u>DuLiLith LLC</u>		Date of organization <u>10-04-2025</u>	Tax exempt number <u></u>
Organization Address (No PO Boxes) <u>210 Cleveland Blvd W</u>	City <u>Walker</u>	State <u>MN</u>	Zip Code <u>56484</u>
Name of person making application <u>Brandy Starr Ringle</u>		Business phone <u>218-507-0637</u>	Home phone <u>218-507-0637</u>
Date(s) of event <u>10-04-2025</u>	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name <u>Brandy Starr Ringle</u>	City <u>Walker</u>	State <u>MN</u>	Zip Code <u>56484</u>
Organization officer's name <u>Charity Huot Benedict</u>	City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55802</u>
Organization officer's name <u>Trish Kroening</u>	City <u>Duluth</u>	State <u>MN</u>	Zip Code <u>55802</u>
Location where permit will be used. If an outdoor area, describe. <u>Chester Bowl / Park setting</u>		<u>email: brandystarringle@gmail.com</u>	

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

Retrieving a temporary one day liquor license from the city of Duluth

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

Event Insurance company - Markel American Insurance Co.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license <u></u>	Date Approved <u></u>
Fee Amount <u></u>	Permit Date <u></u>
Event in conjunction with a community festival <input type="checkbox"/> Yes <input type="checkbox"/> No	City or County E-mail Address <u></u>
Current population of city <u></u>	

Please Print Name of City Clerk or County Official

Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event
No Temp Applications faxed or mailed. Only emailed.
ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US