



**CITY OF DULUTH
CITY CLERK'S OFFICE**

318 City Hall • 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500



FOR OFFICE USE ONLY

DATE _____

LICENSE # _____

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 =	\$384.00
PLUS \$191.00 EACH ADDITIONAL DAY =	\$
TOTAL:	\$ 384.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

MBMH, Inc

355 S Lake Ave

Duluth, MN 55802

MANAGER'S NAME & ADDRESS & PHONE #

Mathew Berthiaume - (218) 393-5068

20 Sutphin St. Apt 300

Duluth, MN 55802

D/B/A OR TRADE NAME: The Social House

CELL OR BUSINESS PHONE NO. 218-310-7917

EVENT LICENSE PERIOD: 6/22/24

RAIN DATE?

YES

☐

NO

☒

IF YES, DATE: _____

NEW INFORMATION

- PLEASE NOTE:** All applications must be completed and submitted to the City Clerk's Office by the last Wednesday of the month in order to be placed on the agenda for the next meeting of the city's Alcohol, Gambling & Tobacco (AGT) Commission. The AGT Commission meets on the first Wednesday of every month. Incomplete applications or applications submitted without the corresponding application fee will be rejected.
- SECURITY:** Applications are subject to review by the Duluth Police Department
- 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.

Signature of Applicant

MAILING ADDRESS:

The Social House

5937 N Pike Lake Rd

Duluth, MN 55811

EMAIL: martin@theotherplacemn.com

Would you like notifications via email? YES

☒

NO

☐

Date of Application _____

License No. _____

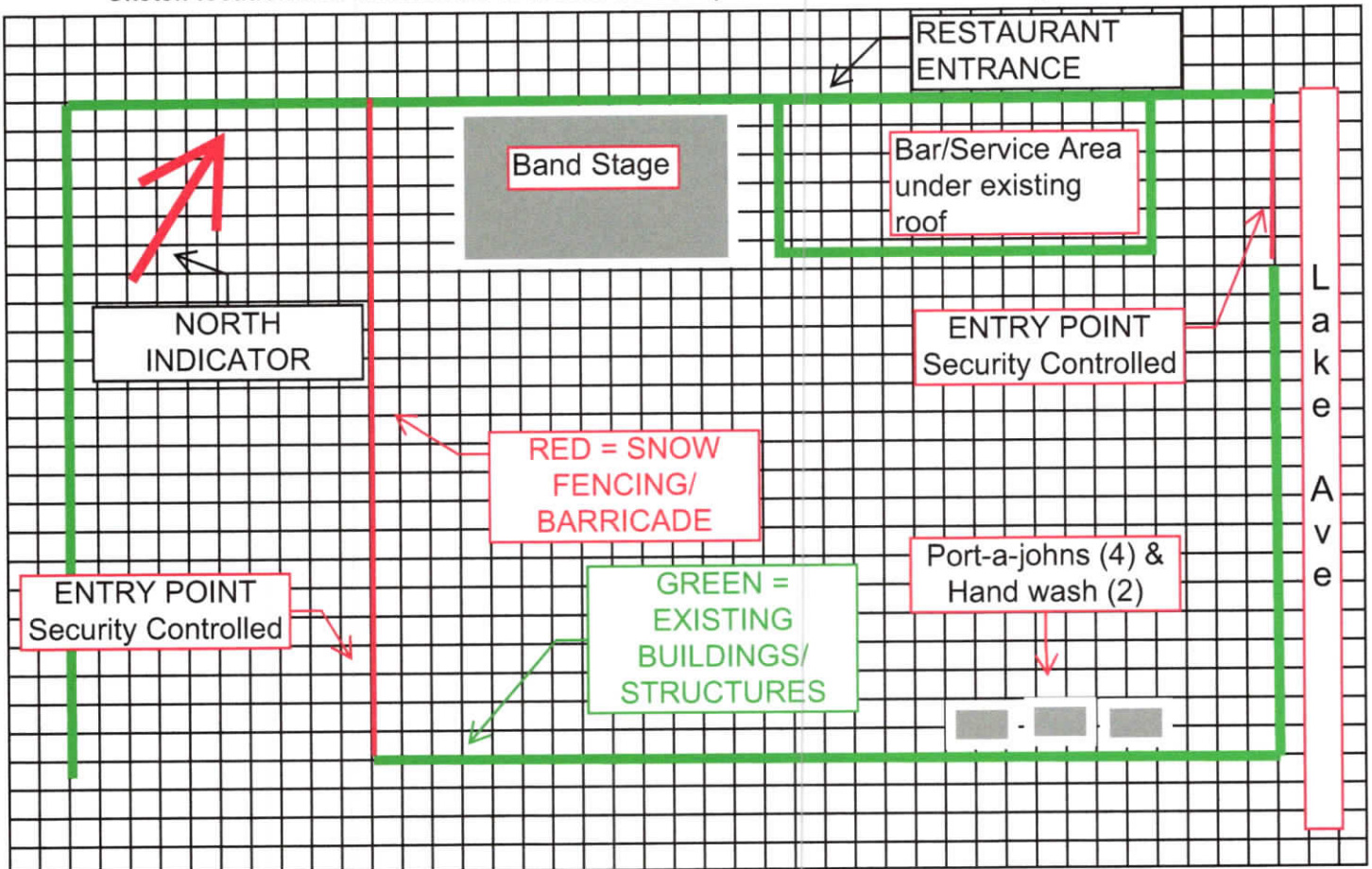
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: MBMH, Inc (d/b/a) Trade Name: The Social House
Date of Event: 6/22/24 Address: 355 S Lake Ave
Name of Event: Grandma's Marathon Time of Event: All Day
Security Personnel: Stealth Management Firm: Stealth Management

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 as "NORTH."



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of Minnesota 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 of the approved "designated serving area" identified here.

[Signature]

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?

400

2. What kind of advertisement have you done? _____

None

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

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.

M. T. A. H.
Applicant Signature

4/18/24
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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