

## 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	
LICENSE #	-

FEE

\$358.00

Type in your information by tabbing through the boxes below. Print all forms, sign and submit to the address listed above.

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LICENSE

TEMPORARY EXPANSION OF LICENSED PREMISES =

	Plus \$178.00 EA	CH ADDITIONAL DAY =	\$ 178,00	]	
ļ		TOTAL:	\$ 536,00		
LICENSEE CORP NAME & BUSINESS ADDRESS: D/B/A OR TRAD			DE NAME: LAKE AVE	NUL RESTAURNIS BAM	
394 S. LAKL AVE HIOTA CELL OR BUSINESS PHONE NO. 218 722 2355					
DULUTH AN 55	MANAGER'S NAME & ADDRESS & PHONE # EVENT LICENSE PERIOD: 6/15/18 3 6/16/18				
MANAGER'S NAME &	ADDRESS & PHONE #	EVENT LICENS	SE PERIOD: 6/15/	8 -> 6/16/18	
MARK SUENSON				_	
1010 RUDINSON S	7	RAIN DATE?	YES NO	×	
DULUTH, AN 550	304 2183417725	IF YES, DATE	i:		
	NI	EW INFORMATION			
<ol> <li>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 months 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.</li> <li>SECURITY: Supply information to the License Inspector (218-730-5421).</li> <li>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).</li> </ol>					
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:		EMAIL: derck, du	luth @ grail.	(4)	
394 S. LANCE		Would you like notific			
JYY S, LANK	4VL + 101A				

Date of Application	
License No	

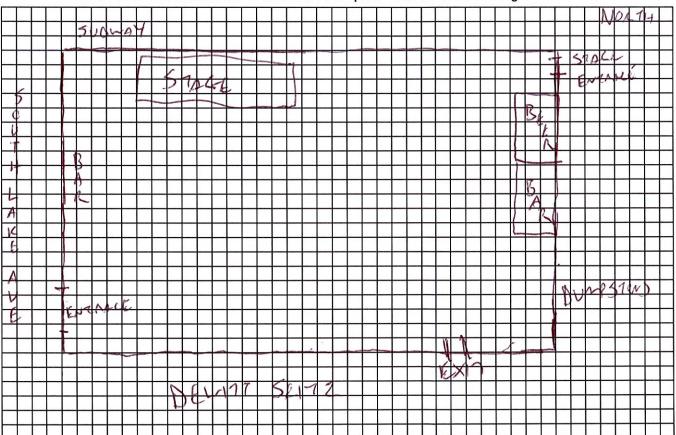
## TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: THE LAKE ETTECT RESTAURAGED INC	(d/b/a) Trade Name: LAKE AVENUE RESTAINAT , BAN
Date of Event: 6/15/18 -> 6/11/18 Address:	394 SOUTH LAKE AVE AVEDINH, AN 55802
Name of Event: LAKE AVE LIVE	Time of Event: 6/15 7pm >1An 6/14 /pm >1An
Security Personnel: DNLUTH POLICE DEPT	Firm: DPD

## **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 of owner/autho	rized representative
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Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

Is this the first time for this event?  If No, how many people attended this event  If Yes, how many people are you expecting to attend?	Yes No No
2. What kind of advertisement have you done? from RASIO, 3	SOCIAL MOSIA
3. What is the age of the target group for this event?	21 -50
4. Will alcohol be sold or given away at this event?	YES
5. Will dancing be allowed at this event?	465
I understand that as the applicant for this permit/license, I am Police/Security for this event. I will provide proof of hired security to scheduled event.  Applicant Signature	•
For office use only	
Is a licensed Peace Officer needed for this event?	
If yes, how many licensed peace officers will be required?	