



**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 3-10-2016

LICENSE # 760184

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

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$ <u>296.00</u>
<u>X (2)</u> TOTAL	\$594.00

LICENSEE CORP NAME/BUSINESS ADDRESS:

Grandma's Marathon-Duluth, Inc.

PO Box 16234

Duluth, MN 55816-0234

D/B/A or TRADE NAME: Grandma's Marathon

CELL OR BUSINESS PHONE NO. 218 727 0947

MANAGER'S NAME & ADDRESS & PHONE #

Linda Hanson

PO Box 16234

Duluth, MN 55816-0234

OWNER OF BUSINESS PREMISES:

Grandma's, Inc.

ETOR

DEDA

LICENSE PERIOD: FRIDAY - 6/17/16
SATURDAY - 6/18/16
SUNDAY - 6/19/16

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.

Linda Hanson
Signature of Applicant

MAILING ADDRESS:



GRANDMA'S MARATHON
PO BOX 16234
DULUTH, MN 55816

GrandmasMarathon.com

EMAIL: linda@grandmasmarathon.com

Would you like notifications via email? YES ☒ NO ☐



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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 APPLICATION

LICENSE	FEE
DANCE (with a liquor license)	SEE BELOW: \$ <u>357.00</u>

LICENSEE BUSINESS NAME & ADDRESS
(Corporation/Individual/Partnership)

GRANDMA'S MARATHON, DULUTH, INC.
PO BOX 16234
DULUTH MN 55816-0234

TRADE NAME: GRANDMA'S MARATHON

BUSINESS PHONE: 218 727 0947

MANAGER'S NAME/ADDRESS/PHONE NO.

LINDA HANSON
PO BOX 16234
DULUTH MN 55816-0234
218 727 0947

OWNER OF BUSINESS PREMISES:

ETOR
DEDA

LICENSE PERIOD: FRIDAY - 6/17/16
SATURDAY - 6/18/16
SUNDAY - 6/19/16

1. Annual dance - Sept. 1 - Aug 31st @ \$1,130.00

2. One day/evening per day (3) @ \$119.00 = \$357.00

3. Seasonal - May 1 - August 31st @ \$386.00

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.

Linda Hanson
Signature of Applicant

LINDA HANSON
FINANCE & OPER. DIR.

MAILING ADDRESS



GRANDMA'S MARATHON
PO BOX 16234
DULUTH, MN 55816
GrandmasMarathon.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:
Grandma's Marathon - Duluth, Inc.
2. Trade Name: Grandma's Marathon
3. Address of place to be licensed: Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Fenced-in parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.
5. Name and address of owner of building: DNA

- Any connection with applicant? _____ Who receives the rent? _____
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Linda Hanson - Finance & Operations Director of Grandma's Marathon
PO Box 16234 - Duluth, MN 55816-0234
7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:
Grandma's Marathon is a MN Non-Profit w/ 501 C3 Status

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
Exact distance unknown. Harbor City International School is located on 4th Ave. W. & Michigan Street
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail.
NONE

Failure to answer all questions truthfully on this application and Affidavit "A," 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: 

Date: 2/29/16

Signature: 

Date: 2/29/16

CITY CLERK'S OFFICE
330 CITY HALL
DULUTH, MN 55802

AFFIDAVIT "A"

**ALCOHOLIC BEVERAGE
LICENSE APPLICATION**

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, **fill out items 1-4, and 11 & 12 of this application. Items 5-10** need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant

Grandma's Marathon - Duluth, Inc.

(Individual, Partnership, Corporation or Club)

2. Address of licensed premises Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. & Morse St.

3. Your Name	Linda	LaVonne	Hanson	08/16/1959
	(First)	(Middle)	(Last) (Jr./Sr.)	(Date of Birth)

4. Home Address	PO Box 16234	Duluth	St.Louis	MN	55816-0234
	(Address)	(City)	(County)	(State)	(Zip)

5. Other home addresses in last 10 years:

DNA

6. Other names you are, or have been known by, including maiden name:

7. Your position in the business: Finance & Operations Director - Grandma's Marathon
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes ☐ No ☒

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes ☐ No ☒

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest. _____

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) Advantage Emblem - 4313 Haines Road - Duluth, N 55811
(2) Filgers Inn - 600 East Superior Street - Duluth, MN 55802
(3) (Bank) Wells Fargo - 230 West Superior Street - Duluth, MN 55802

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes ☐ No ☒
If yes, why? _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes ☐ No ☒
If yes, why? _____


11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes ☐ No ☒

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages? Yes ☒ No ☐

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.


(WITNESS)


(DATE)


(APPLICANT'S SIGNATURE)



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? _____

MEDIA / PRINT / SOCIAL MEDIA / _____

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

ALL AGES

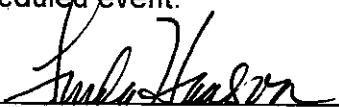
4. Will alcohol be sold or given away at this event?

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.


Applicant Signature

2 29 16
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
444 Cedar Street, Suite 222, St. Paul, MN 55101
651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization Grandma's Marathon - Duluth, Inc.	Date Organized June 1977	Tax exempt number n/a	
Address PO Box 16234	City Duluth	State MN	Zip Code 55816-0234
Name of person making application Linda Hanson	Business phone 218 727 0947	Home phone	
Date(s) of event 6/17/16 6/18/16 6/19/16	Type of organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name Kellie Luedloff, Chairperson	City Duluth	State MN	Zip Code 55816-0234

Location where permit will be used. If an outdoor area, describe.

Fenced-in Canal Park parking lot surrounded by Canal Park Dr., Buchanan St., Lake Ave. and Morse St.

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

DNA

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

YES - Great American E&S Insurance Company - \$2,000,000-Aggregate Limit/\$1,000,000-Each Com

APPROVAL

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

City of Duluth/St. Louis County City/County	Date Approved
City Fee Amount	Permit Date
Date Fee Paid	

Signature of City Clerk or County Official

Approved Director Alcohol and Gambling Enforcement

NOTE: Submit this form to the city or county 30 days prior to event. Forward application signed by the city and/or county to the address above. If the application is approved the Alcohol and Gambling Enforcement Division will return this application to be used as the permit for the event.

Date of Application _____

License No. _____

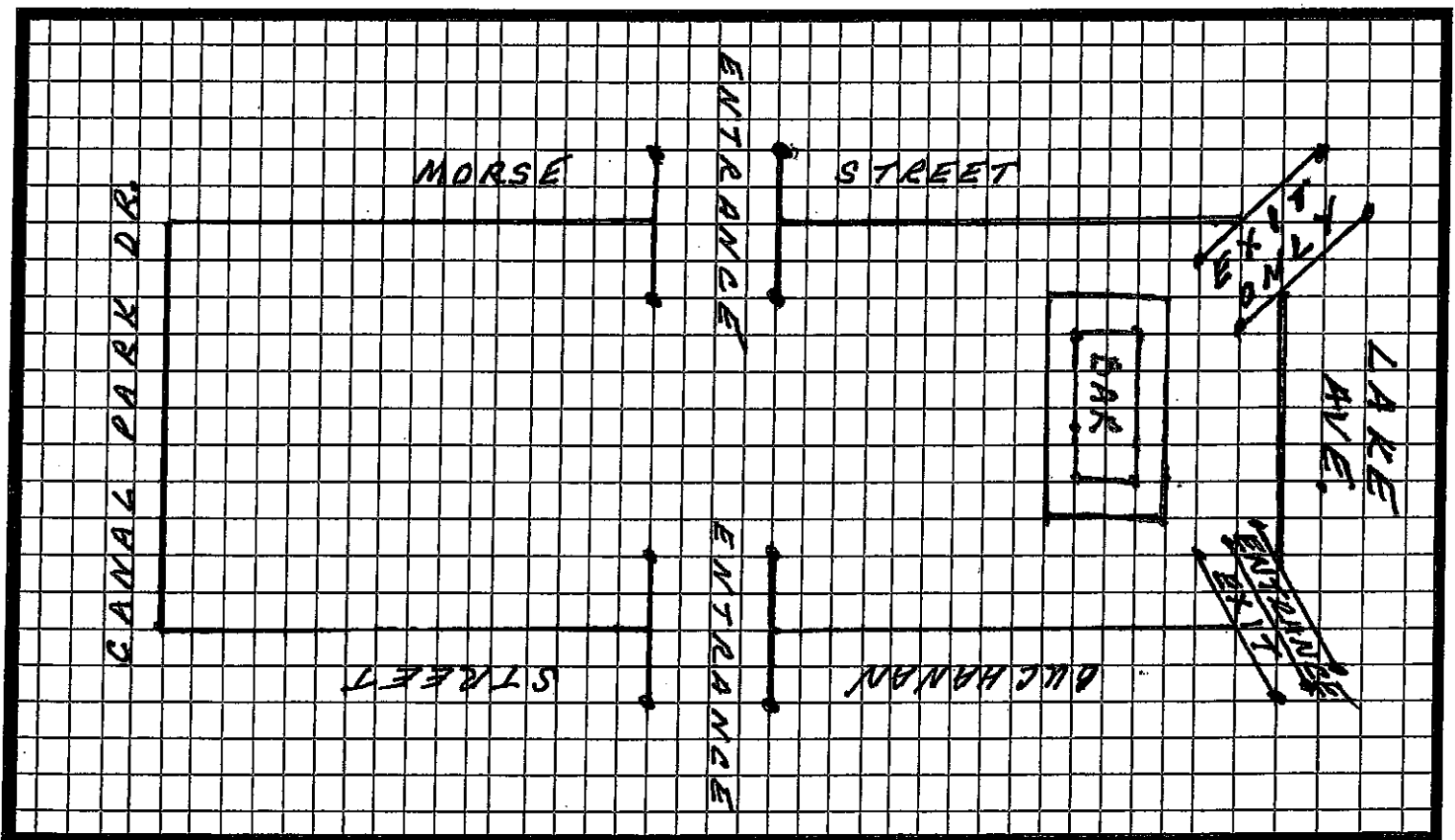
TEMPORARY ON SALE LIQUOR (GRAPH)

*Owner: Grandma's Marathon-Duluth, Inc. (d/b/a)*Trade Name: Grandma's Marathon
*Date of Event: 6/17/16 6/18/16 6/19/16 Address PO Box 16234 Duluth, MN 55816
*Name of Event: Grandma's Marathon *Time of Event: Fri.-6/17/16 — 7pm-2am
Sat.-6/18/16 — 8am-12pm
*Security Personnel: Duluth Police Dept. & *Firm: Sun.-6/19/16 — 12:01am-2am
Fond du Lac Law Enforcement Cadets

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 of the approved "designated serving area" identified here.

Linda Hanson
Linda Hanson - Finance & Oper. Director

Minnesota Business and Lien System, Office of the Minnesota Secretary of State

Business Record Details »

Minnesota Business Name

GRANDMA'S MARATHON - DULUTH, INC.

Business Type

Nonprofit Corporation (Domestic)

MN Statute

317A

File Number

1A-888

Home Jurisdiction

Minnesota

Filing Date

04/21/1987

Status

Active / In Good Standing

Renewal Due Date

12/31/2016

Registered Office Address

351 Canal Park Drv
Duluth, MN 55802
USA

Registered Agent(s)

(Optional) None provided

President

Jon Carlson
PO Box 16234
Duluth, MN 55816
USA

Comments

See history for mailing address

Filing History

Filing History








Select the item(s) you would like to order: [Order Selected Copies](#)



Filing Date

Filing

Effective Date

	Filing Date	Filing	Effective Date
	04/21/1987	Original Filing - Nonprofit Corporation (Domestic)	
	04/21/1987	Nonprofit Corporation (Domestic) Business Name	
	09/09/1988	Amendment - Nonprofit Corporation (Domestic)	
	05/17/1990	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
	04/10/1996	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
	04/10/1996	Nonprofit Corporation (Domestic) Mailing Address	
	01/21/1999	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
	12/10/2004	Amendment - Nonprofit Corporation (Domestic)	