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 – 1ST DAY/EVENING =	$60.00
PLUS $30.00 EACH ADDITIONAL DAY =	$_____
TOTAL =	$60.00

LICENSEE BUSINESS NAME & ADDRESS:
Welch Center Inc dba
Valley Youth Center
720 N Central Ave Duluth, MN 5

TRADE NAME OR NAME OF EVENT:
off the street STREET DANCE

BUSINESS PHONE NO: 2184645071x100

MANAGER'S NAME & ADDRESS:
Russ Salgy
720 N Central Ave.
Duluth, MN 55807

OWNER OF BUSINESS PREMISES: _____

EVENT LICENSE DATE (S): August 5th, 2023

Rain Date? Yes ☐ No ☑ If Yes, List Date: _____

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

Will Dancing Be Allowed? Yes ☐ No ☑ If Yes, Contact City Clerk's Office For Dancing License Application

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
VYC
720 N Central Ave, Duluth 55807

EMAIL: rsalgy@valleyyouthcenters.org

CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Welch Center Inc. dba Valley Youth Center

2. Trade Name: _____

3. Address of place to be licensed: 5808 Grand Ave. Duluth, MN 55807 (Parking Lot)

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Back Lot adjacent to the American Legion Back Lot & Spirit Dr.

5. Name and address of owner of building: Welch Center Inc dba Valley Youth Center
5808 Grand Ave. Duluth, MN 55807

Any connection with applicant? Self Who receives the rent? N/A

6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Angelo Simone Site Director Valley Youth Center

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:

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
1 mile

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.
Payment to City of Duluth Park Dept for special event permit.

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: 5-10-23

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 300
   If Yes, how many people are you expecting to attend? _____

2. What kind of advertisement have you done? _____
   Social media, Print media, TV ad

3. What is the age of the target group for this event? 45-65

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

5. Will dancing be allowed at this event? No

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.

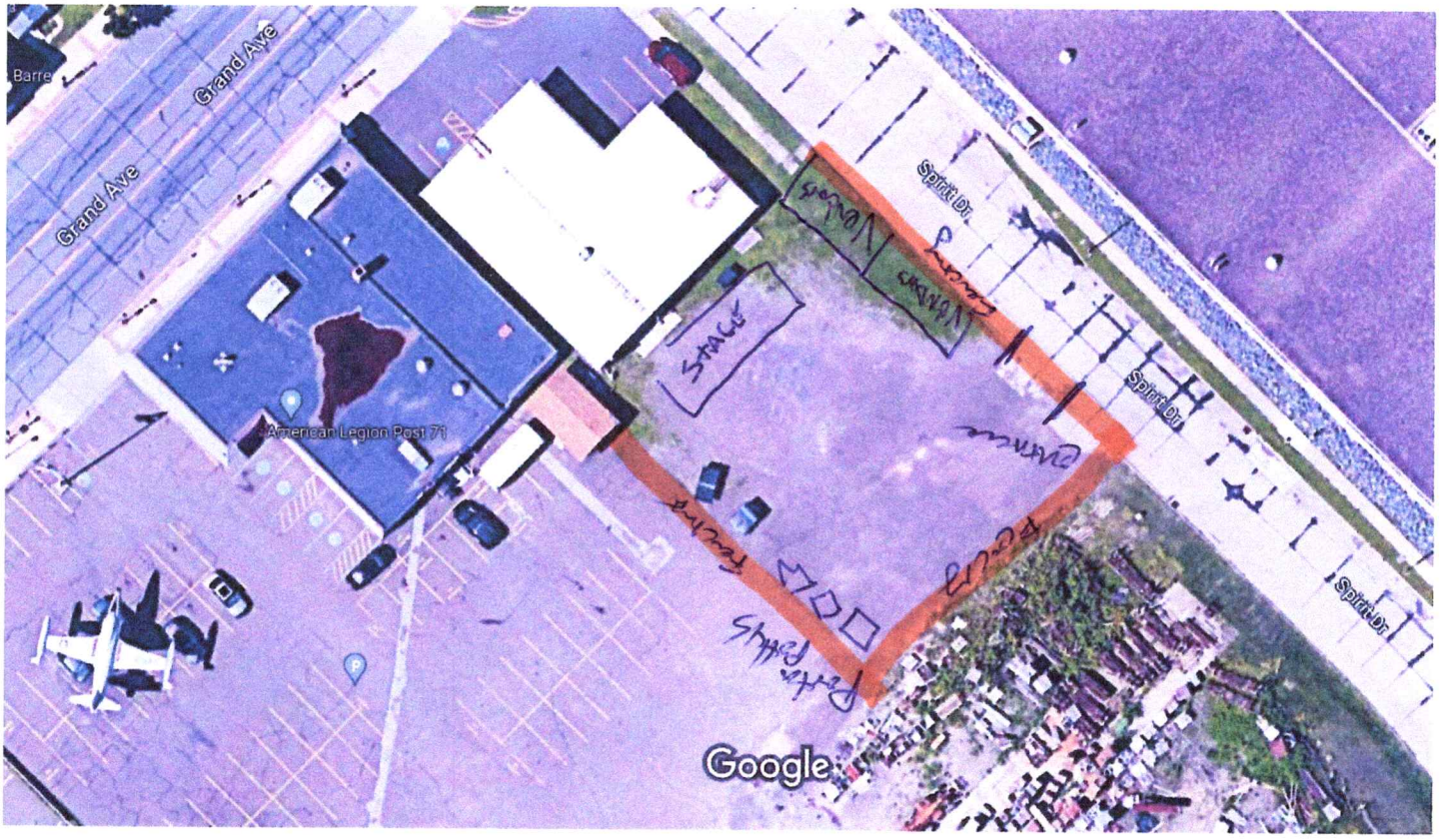
_____ 5-10-23

Applicant Signature — Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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



Imagery ©2023 Maxar Technologies, Map data ©2023 20 ft