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 # _____

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 =	$358.00
PLUS $178.00 EACH ADDITIONAL DAY =	$
TOTAL:	$

LICENSEE CORP NAME & BUSINESS ADDRESS:
JMBFF, LLC
109 W 1st Street
Duluth, Mn 55802

D/B/A OR TRADE NAME: Spurs on First

CELL OR BUSINESS PHONE NO. 651-246-4608

MANAGER'S NAME & ADDRESS & PHONE #
Madeline Petersen
819 N 61st Ave W,
Duluth, Mn 55802
651-246-4608

EVENT LICENSE PERIOD: 8/23/19

RAIN DATE? YES ☐ NO ☒

IF YES, DATE: _____

NEW INFORMATION

1. **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.
2. **SECURITY:** Supply information to the License Inspector (218-730-5421).
3. **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 0F THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MPetersen
Signature of Applicant

MAILING ADDRESS:
109 W 1st Street
Duluth, Mn 55802

EMAIL: Madeline@Spursonfirst.com

Would you like notifications via email? YES ☒ NO ☐

Date of Application _____

License No. _____

TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Madeline Petersen / Jona Johnson (d/b/a) Trade Name: Spurs on First

Date of Event: 8/23/19 Address: 109 W 1st Street, Duluth

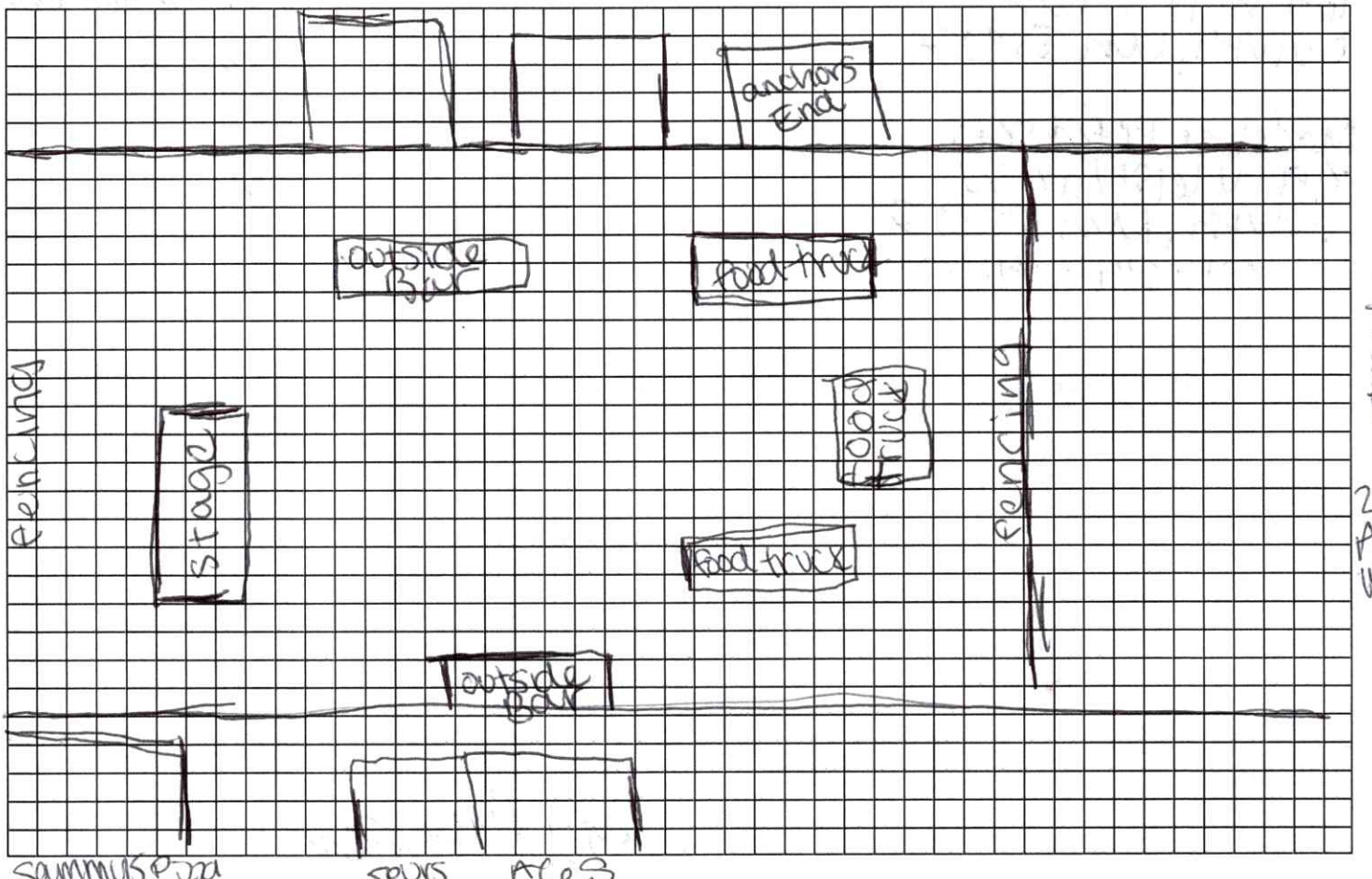
Name of Event: Summer Street Dance Time of Event: _____

Security Personnel: DPD / spurs staff Firm: _____

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/authorized representative