

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 <u>5-23-2010</u>

LICENSE # <u>53</u>

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

DINGH MM SSKOK

	LICENSE		FEE	
	TEMPORARY EXPANSION OF LICENSED PREMISES =		\$358.00	
	Plus \$178.00 EACH ADDITIONAL DAY =		\$	
		TOTAL:	\$.358.00	
LICENSEE CORP NAI	ME & BUSINESS ADDRESS:	D/B/A OR TRAI	DE NAME: Sho	tz Bar-
1321 COMM	an atherwal	CELL OR BUSI	ness phone no. $\underline{\partial}$	18-6026-1860
MANAGER'S NAME 8	OSKOK Address & Phone #	EVENT LICENS	SE PERIOD: 6	- 25-2016
Kathleen 1321 Comm Duluth Mh #218-59	Rose Ionwealth Ave SS808 1-3836	RAIN DATE?	YES NO]
at the AGTC me returned and ma must be redone 2. <u>SECURITY:</u> Su	All applications must be in the deting on the first Wednesday on the first Wednesday on the heard until the next mo each time you apply for a temporal poly information to the License : An application must be on file	f the month is required. A nths meeting. All diagrams brary expansion. Compute Inspector (218-730-5421).	Ill information must be a s, regardless if they are er diagrams are allowed	completed or it will be the same as last year d.
	2-6166 or 218-302-6184).	with the Millinesota State (Teath Department for the	TO SOLVING OF TOOL AND
I HEREBY STATE THE (PROVISION OF THE (AMENDMENTS.	HAT ALL INFORMATION HER ORDINANCES OF THE CITY C	of DULUTH AND LAWS C	CT AND THAT I SHALL OF THE STATE OF MIN ature of Applicant	L COMPLY WITH ALL NNESOTA AND THEIR
MAILING ADDRESS:		EMAIL:		
shotz Ban			41	ES NO
BDI common	woulth AVK	Would you like notifi	cations via email? Y	ES NO

LICENSE APPLICATION

Date of Application	
License No	

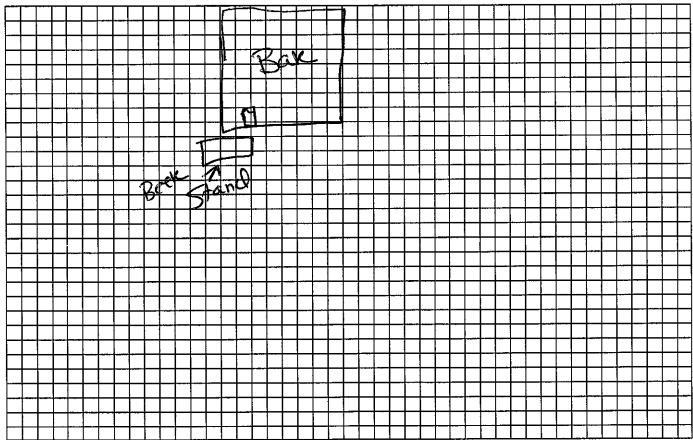
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Kathleen Pose	(d/b/a) Trade Name:	hote Bar
Date of Event: 6 35:301 Address:	1321 Commonweal	th poul.
Name of Event: Fan Wet Fest	Time of Event:	All Saturdax
Security Personnel: Yes Hewe will	<u> </u>	U
for In the P	ian.	

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/author	rized representative	



Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

	For office use on the control of the	?		
Applicant Signature		- 1	Date	
	as the applicant for this perm his event. I will provide proof of		·	
5. Will dancing be	allowed at this event?	-	<u>')</u>	
4. Will alcohol be s	old or given away at this event?		yes	
3. What is the age	of the target group for this event	? ,	21+ (a	blults
2. What kind of adv	vertisement have you done?	rone		-
	any people attended this event nany people are you expecting to	o attend?		
1. Is this the first til		ć	Yes No	