

July 20 -
Aug 2nd meeing (AGT)

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 7/21/17

LICENSE # ~~760200~~

760200

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.

RECEIVED
JUL 21 2017

LICENSE APPLICATION

LICENSE CITY OF DULUTH
CITY CLERK'S OFFICE

TEMPORARY ON SALE LIQUOR 1st Day
Each additional day ___ x \$148.00 =
LEVEL 1 INVESTIGATION FEE (one time)

FEE

\$298.00
\$
\$ 31.00

TOTAL

\$ 298.-
\$
\$ 31.

LICENSEE NAME/ADDRESS/PHONE NO.

AAD SHRINERS

5152 MILLER TRUNK HWY
HERMANTOWN MN 55811

TRADE NAME:

Art in the Park

BUSINESS

PHONE: 218 722 7488

MANAGER'S NAME & ADDRESS

SCOTT ABRAHAMSON

7274 SO OKERSON RD

SOUTH RANGE WI 54874

PHONE: 218 722 7488

OWNER OF BUSINESS PREMISES:

AAD SHRINERS

LICENSE/EVENT DATE: AUG 19, 20 2017

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.

Mailing Address:

Scott Abrahamson
Signature of Applicant

Date of Application _____

License No. _____

TEMPORARY ON SALE LIQUOR (GRAPH)

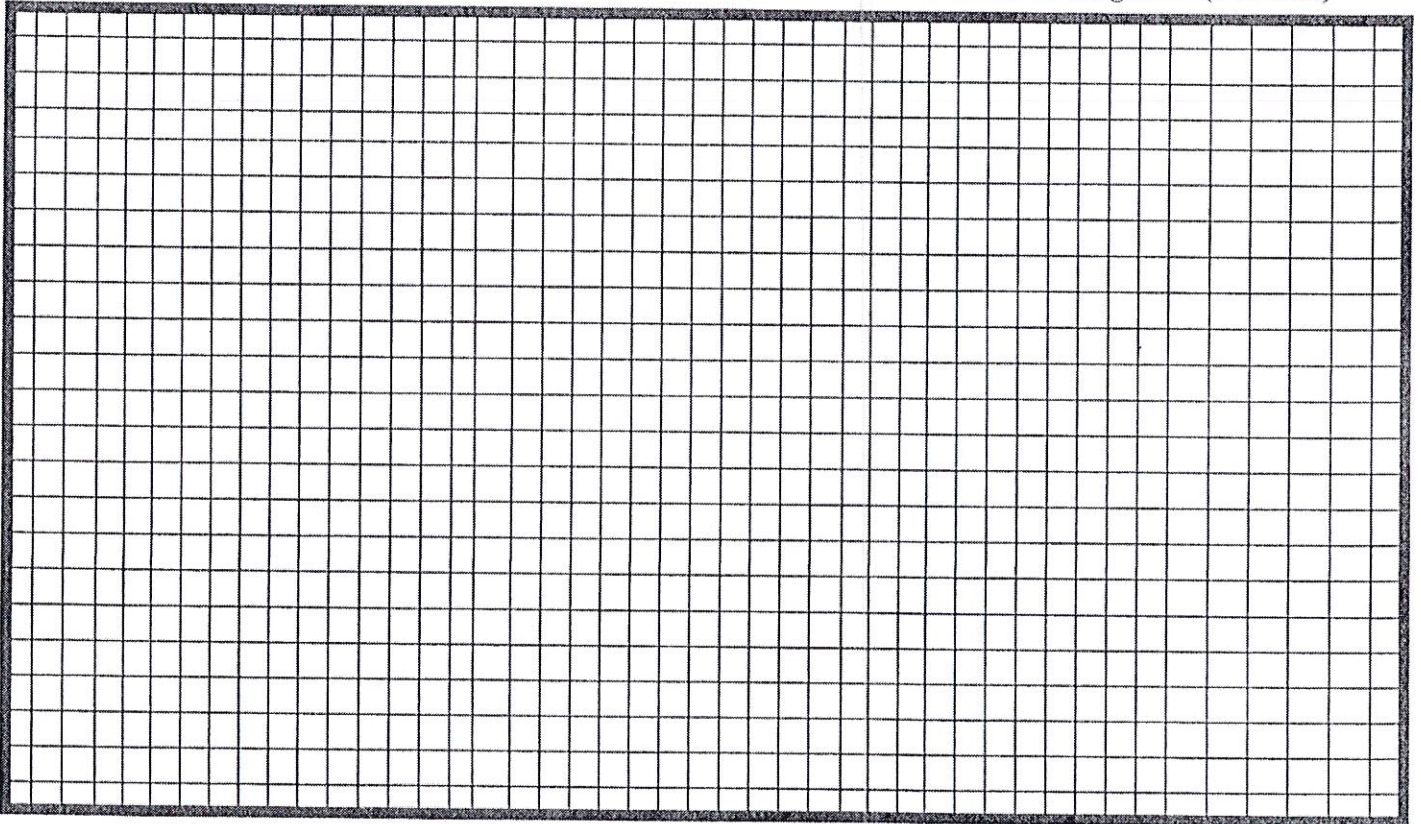
*Owner: AAD SHAINERS (d/b/a)*Trade Name:
*Date of Event: AUG 17 + 20 Address Bayfront
*Name of Event: ART IN THE PARK *Time of Event: Sat 11-7pm Sun 11-5pm
*Security Personnel: *Firm:

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".

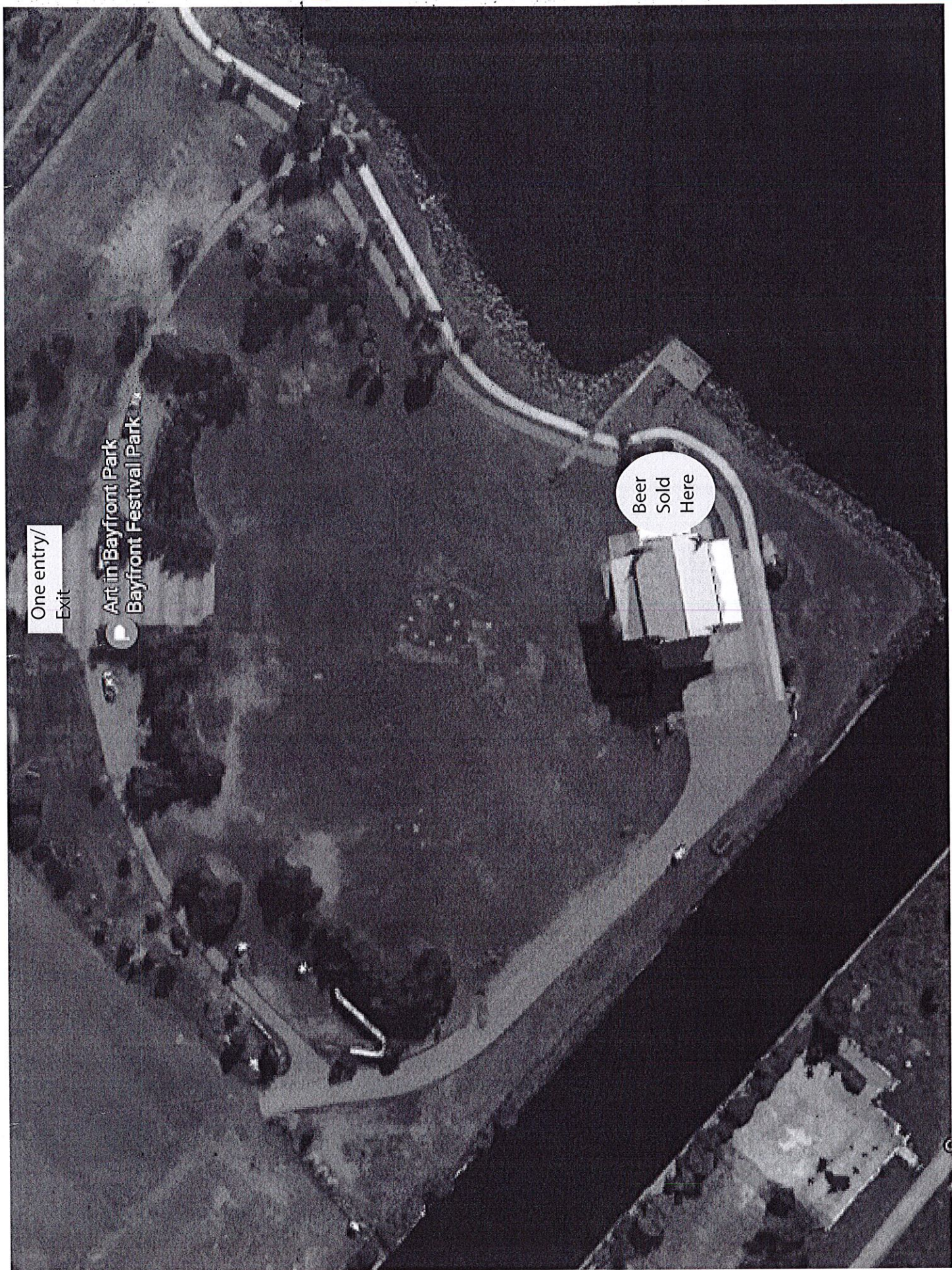
See attached

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 fo the approved "designated serving area" identified here.

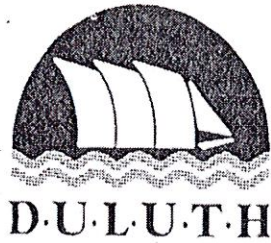
Sent an



One entry/
Exit

Art in Bayfront Park
Bayfront Festival Park

Beer
Sold
Here



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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: AAD SHARINERS
2. Trade Name: AA in the Park
3. Address of place to be licensed: BAY FRONT PARK
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) BEER GARDENS
5. Name and address of owner of building: DECC
- Any connection with applicant? NO Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
DAN LUPANKO 707 CHERIE LANE DULUTH, MN BOARD OF DIRECTORS
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

9. State approximate distance of this establishment from 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: NO

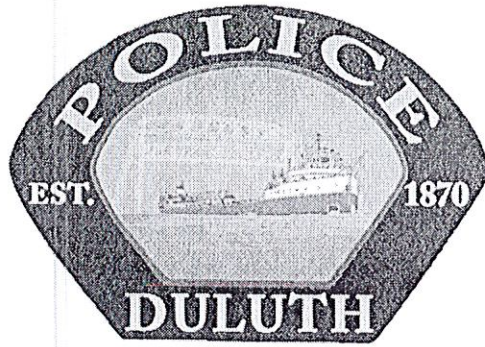
Failure to answer all questions truthfully on this application and attached "Exhibit A" which is made a part thereof, will be just cause for revocation of your license.

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 & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: Scott Ambrose Date: 7/6/17

Signature: _____ Date: _____

Extra Duty Police Services Application
Attn: Officer Jim Hansen
Duluth Police Department
411 West First Street
Duluth, MN 55802
(218) 390-2232
Fax 218-730-5910



Name of Business/
Organization/Event: AAD SHARINERS
Date(s) AUG 19 Hours: 11AM - 7PM
Of Service: " 20 Hours: 11AM - 5PM
Location: BAY FRONT
Number of
Officers: _____ Duties: _____

Contact
Person: SCOTT ABRAHAMSON Position: MANAGER
Contact
Address: 5150 MILLER TRUNK HWY City: HELMANTOWN Zip: 55811
Contact
Phone: 218 722 7488 Billing
Phone: 218 722 7488
Billing
Name: AAD SHARINERS
Billing
Address: SAME City: _____ Zip: _____

Federal ID # or Social Security #: 41-0123085

NOTICE TO APPLICANTS

The officers are at all times subject to the policies of the City of Duluth, the laws and Constitution of the United States and the state of Minnesota, and the rules and regulations governing employees of the Duluth Police Department (DPD). A Applicant has no authority over police personnel and is restricted to providing only a general assignment of duties to be performed by the officer. Those assignments never supersede DPD policy or procedures and the Applicant is hereby so advised. Extra duty officers remain under the exclusive control of the City and are accountable for strict adherence to its rules and regulations. Any conflicting rules of the Applicant will be disregarded. The officer shall refuse to perform any duties deemed to be in conflict with the guidelines established by DPD. As determined by the Department, officers may be recalled from extra duty to on duty status. This application is for law enforcement work only and does not exempt Applicants from obtaining other necessary permits for events. The City of Duluth Police Department is NOT obligated to provide extra duty services. The City reserves its right to deny an application for extra-duty officers.

DPD officers are not permitted to receive cash from Applicant for any reason whatsoever.

I have read and understand the Extra Duty Application:

Scott _____ 7/7/17
Applicant Date

Return to Officer Jim Hansen at above address, or email to: jhansen@duluthmn.gov