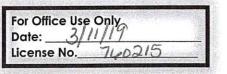


City of Duluth – City Clerk's Office 411 W First Street – City Hall 330 Duluth, MN 55802-1189

Phone: (218) 730-5500 Fax: (218) 730-5923







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 =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$
TOTAL =	<u>\$_\$298.00</u>
LIGHNESS BUSINESS MANS & ADDRESS.	TRADE NAME OR NAME OF EVENT:
LICENSEE BUSINESS NAME & ADDRESS:	
Duluth Children's Museum	A Night at the Brewseum
115 S. 29th Ave. W.	BUSINESS PHONE NO: <u>2187337543</u>
Duluth, MN 55806	
MANAGER'S NAME & ADDRESS:	OWNER OF BUSINESS PREMISES:
Cameron Kruger	Hurlbut-Zeppa Investment Partnership #3
115 S. 29th Ave. W.	EVENT LICENSE DATE (S): 05/04/2019
Duluth, MN 55806	
Rain Date? Yes XNo	If Yes, List Date:
Contact State Health Department at 723-4642 For A Security Personnel Questions? Call 730-5421	Application for Beer and/or Food.
Will Dancing Be Allowed? Yes X No Application	If Yes, Contact City Clerk's Office For Dancing License
	IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS WS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.
MAILING ADDRESS 115 S. 29th Ave. W.	SIGNATURE OF APPLICANT
Duluth, MN 55806	
EMAIL: ckruger@duluthchildrensmuseum.org	g g



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Name of Applicant (individual, partn Duluth Children's Museum	ership, corporation or association) that owns the business to be licensed:
2. Trade Name:	
3. Address of place to be licensed: 1	15 S. 29th Ave. W., Duluth, MN 55806
	d floor, second, deck, etc.) Interior First and Second Floors
5. Name and address of owner of build	ling: Hurlbut-Zeppa Investment Partnership #3
	222 East Superior St Suite 326
	Duluth, MN 55802
Any connection with applicant? Lar	ndlord Who receives the rent? Hurlbut-Zeppa Foundation
	ousiness or serve as manager on the premises?
List name, address & title: Camer	on Kruger, President/CEO, Duluth Children's Museum
500 Control of the Co	29th Ave. W., Duluth, MN 55806
7. If partnership, give name of each pa	rtner and percentage of ownership, and, if limited partnership, give details:
)	
If corporation, list all stockholders, deach: N/A	irectors, officers and the percentage of stock or number of shares owned by
State approximate distance of this es	tablishment from the nearest academy, college, university, church or school:
10. State whether any consideration, me	oney or property, has been paid, or will be paid, given, exchanged or pledged,
	ase or operation of this business. State the amounts in detail.
Failure to answer all questions tru will be just cause for revocation	thfully on this application and Affidavit "A," which is made a part thereof, of your license.
will notify the City Council in writing of any cl Alcohol, Gambling and Tobacco Commission	the sole owner and operator of this business to be conducted under the license and I (we) trange in ownership in this business before the change is made, for the approval of the and City Council. I (we) have read the foregoing questions and answers to said questions apply with all the provisions of the Alcoholic Beverage Code and the laws and regulations
Signature: Lameron Kriger	Date: 2/22/2019
Signature:	Date