



City of Duluth – City Clerk’s Office
 411 W First Street – City Hall 318
 Duluth, MN 55802-1189
 Phone: (218) 730-5500

RECEIVED

JUN 21 2023

CITY OF DULUTH
 CITY CLERK'S OFFICE
LICENSE APPLICATION

For Office Use Only
 Date: _____
 License No. _____

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

LICENSEE BUSINESS NAME & ADDRESS:

Duluth Superior Pride
PO Box 3198
Duluth, MN 55803

TRADE NAME OR NAME OF EVENT:

Duluth Superior Pride
 BUSINESS PHONE NO: 218-522-1664

MANAGER'S NAME & ADDRESS:

Abby Gannon
4129 W 8th St
Duluth, MN 55807

OWNER OF BUSINESS PREMISES:

City of Duluth,
DECC
 EVENT LICENSE DATE (S): 7/2/2023

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.

MAILING ADDRESS

4129 W 8th St
Duluth, MN 55807

SIGNATURE OF APPLICANT

EMAIL: ahogan.gannon1940@gmail.com



**CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

- 1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed: Duluth Superior Pride
- 2. Trade Name: Duluth Superior Pride
- 3. Address of place to be licensed: 350 Harbor Dr, Duluth, MN 55802
- 4. Designated Serving Areas (i.e. round floor, second, deck, etc.) West of pavilion main stage

5. Name and address of owner of building: City of Duluth / DECC
411 W 1st St
Duluth, MN 55802

Any connection with applicant? No 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: Abby Gannon - Cochair
P.O. Box 3194 Duluth, MN 55803

7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:
N/A

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

N/A

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

1 mile from Harbor City School

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.

Non profit - private sponsored - 2023 budget is \$66,000
Program fees paid to AS Pride by vendors.

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: [Handwritten Signature]

Date: 6/21/2023

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

~ 7,000 - 10,000

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

2. What kind of advertisement have you done?

Social Media, news informers

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

All

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

Sold

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.

[Signature]

Applicant Signature

6/21/2023

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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