



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	JUL 05 2019
LICENSE #	120

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 =	\$ 156.00
TOTAL:	\$ 614.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

Grandma's Restaurant Co.
515 Lake Ave S
Duluth Mn. 55802

D/B/A OR TRADE NAME: The Sports Garden

CELL OR BUSINESS PHONE NO. 218-240-4901

MANAGER'S NAME & ADDRESS & PHONE #

Tony Brown
515 Lake Ave S
Duluth Mn 55802

EVENT LICENSE PERIOD: Aug 11-13

RAIN DATE? YES NO

IF YES, DATE: _____

NEW INFORMATION

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

[Signature]
 Signature of Applicant

MAILING ADDRESS:

515 Lake Ave S
Duluth, Mn. 55802

EMAIL: tbrown@grccorp.com

Would you like notifications via email? YES NO

Date of Application _____

License No. _____

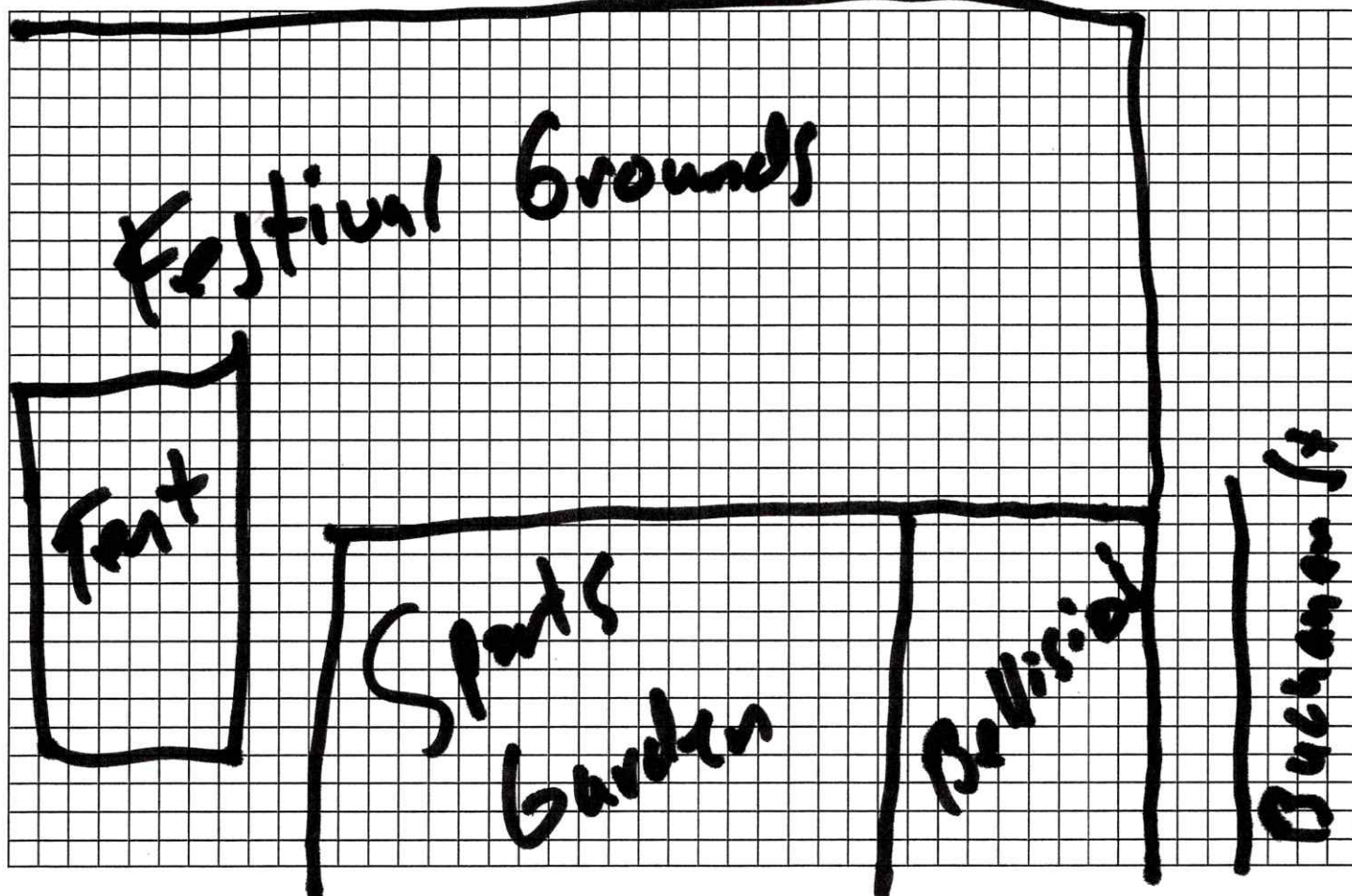
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Grandma's (d/b/a) Trade Name: The Sports Garden
Date of Event: Aug - 11-13 Address: 425 Lake Ave S, Duluth MN.
Name of Event: Festival of Sail Time of Event: 10am - 5pm
Security Personnel: DPD 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]
Signature of owner/authorized representative



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 100,000
If Yes, how many people are you expecting to attend? _____

2. What kind of advertisement have you done? Online / Posters

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

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

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

7-5-19
Date

For office use only
Is a licensed Peace Officer needed for this event? _____
If yes, how many licensed peace officers will be required? _____