



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement

445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7512

RENEWAL OF CONSUMPTION AND DISPLAY PERMIT  
Permit Fee \$250 (Renewal Date: April 1)

ID# 30413	License Code	CDPRV
Duluth Woman's Club		
2400 E Superior St		
Duluth	MN	55812
Business Phone 2187241368		

IF NAME AND ADDRESS  
SHOWN ARE NOT  
CORRECT MAKE  
CHANGES BELOW

Worker's Comp. Ins. Name SFM Policy # 45879,802 Policy Period 3/22/16 - 3/22/17  
 City/County where permit approved DULUTH MN. ST LOUISB CTY  
 Licensee Name DULUTH WOMANS CLUB  
 Address, City, State, Zip 2400 E SUPERIOR ST. DULUTH/MN 55812  
 Business Phone 218-724-3168 Email KLATOUR@DULUTHWOMANSCLUB.COM

By signing this renewal application, applicant certifies that there has been no change in ownership, corporate officers, bylaws, membership, partners, home addresses, or telephone numbers. If changes have occurred during the past 12 months, please give details on the back of this renewal, then sign below.

Applicant's signature on this renewal confirms the following: Failure to report any of the following will result in fines.

1. Applicant confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
2. Applicant confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
3. Applicant confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on the back of this renewal, then sign below.
4. Applicant confirms that workers compensation insurance is in effect for the full license period.
5. Applicant confirms, no club on-sale intoxicating liquor license is held.
6. Applicant confirms business premises are separate from any other business establishment.

Licensee Signature Kathy Lator Date 1/15/16  
(Signature certifies all application information to be correct and permit has been approved by city/county.)

City Clerk/County Signature Rolanda Pukola Date \_\_\_\_\_  
(Signature certifies that a consumptions and display permit has been approved by the city/county as stated above.)

MAKE CHECKS PAYABLE TO: DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT  
AND RETURN WITH APPLICATION

Amount Received 250

Indicate below changes of corporate officers, partners, home addresses or telephone numbers:

NONE

Report below details of liquor law violations (civil or criminal) that have occurred within the last five years.  
(Dates, offenses fines or other penalties, including alcohol penalties):

NONE

Report below details involving any license rejections or revocations:

NONE

City/County Comments: