

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

License No.

LICENSE APPLICATION

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 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 is 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 is a tax identification number and it is also will be available to governmental personnel and other governmental agencies 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.

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LICENSE	\$298.00
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TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ 49 8.00
THIS \$148.00 EACH ADDITIONAL DE	1-0 1
PLUS \$1401	- event
TOTAL =	ADE NAME OR NAME OF EVENT:
TRA	USINESS PHONE NO: (1)2-677-2246
LICENSEE BUSINESS NAME & ADDRESS:	50mx (12-677-20TP
LICENSEE BUSINESS WATER COURTS CHILD	PHONE NO: MA
MINNESOTA CRAFT BREWERS Guild BY	USINESS PHOTE
11/11	N/A.
W. C.	THE PREMISES:
P.O. box 180 55x118 Minneapolis, MA 55x118	OWNER OF BUSINESS PREMISES:
MINICA PARTIES.	(A) 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MANAGER'S NAME & ADDRESS:	TO ATE (S):
Amanda Bulman	EVENT LICENSE DATE (S): Sat. July 39, 2017
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On Box 100 Jan Charly	
100000000000000000000000000000000000000	LL Date'
Munkayan	If Yes, List Date:
Rain Date? Yes (No) Contact State Health Department at 723-4642 For April Contact State Health Department at 730-5421	plication for Beer and/or research
Rain Date? Yes (No)	olication for Beet and one of the Contract City Clerk's Office For Dancing License
Rain Date? Tes Contact State Health Department at 725 400 Contact State Health Department at 725 400 Security Personnel Questions? Call 730-5421	15 Vas Contact City Clerk's Office
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Will Dancing Be Allowed? (Yes) No	AND CORRECT AND THAT I SHE AMENDMENTS.
Application HERE I	S TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS NS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS. SIGNATURE OF APPLICANT
STATE THAT ALL INFORMATION AND LAY	NS OF THE STATE OF MINTERS SIGNATURE OF APPLICANT
HEREBY OF THE CITY OF DOLLAR	SIGNATURE
OF THE ORDINATION	
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MAILING ADDRESS	- MM 1 C5418
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Amarda Buhman Maneapoli P.O. Box K236, Maneapoli EMAIL: amarda buhman@ones	1 1
EMAIL:	



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1.	Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
2.	Trade Name: SAMQ
3.	Address of place to be licensed: 350 Harbor Drive, Duluth MN (Bayfront Fostival Va
4. 	Designated Serving Areas (i.e. round floor, second, deck, etc.) PESTIVAL DUCK - INTRODUCES POTICE VENUE
5.	Name and address of owner of building: Double Double
6	
	Who will direct the operation of the business or serve as manager on the premises? List name, address & title: M CAT BOWCS build Staff; One Simple Plan event Janning + polarity (n) co 509 St. Ave. NE. Suite 2A Million Staff; One Simple Plan event
7.	If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:
ea	If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by ch: association hope of the corporation (unpaid)
9.	State approximate distance of this establishment from the nearest academy, college, university, church or 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.
	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.
will Alc are	re) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the ohol, Gambling and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations heir amendments.
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