

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 6-27-17
LICENSE #

Type in your information by tabbing through the boxes below. Print all forms, sign and submit to the address listed above.

55802

	LICENSE			FEE	
	TEMPORARY EXPANSION OF LICE	NSED PREMISES =	(358.00	
	Plus \$178.00 EACH A	DDITIONAL DAY =	\$		
		TOTAL:	\$	358.00	·st
LICENSEE CORP NA	ME & BUSINESS ADDRESS:	D/B/A OR TRAI	DE NA	ME: SPUR	s on 1 st
DUKES PA	etness LLC.				
109 4	1.15tst.	CELL OR BUSI	INESS	phone no. $\overline{2}$	18-491-711
DUI	uth, mw. 55802				
MANAGER'S NAME	& ADDRESS & PHONE #	EVENT LICENS	SE PER	1100:	6.25,201
NIC	K B. PATRONAS				¬
220	W. Sup. ST.	RAIN DATE?	YES	-	
DUI	vth, MN. 55802	IF YES, DATE	≣:	Sopt. 8	8,2017
219	8-347-4358				
	NEW I	NFORMATION			
1. 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.					
2. SECURITY: S	upply information to the License Inspe	ctor (218-730-5421).			
3. <u>HEALTH DEPT:</u> 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 of Applicant					
MAILING ADDRESS 109 W DOLUL	. 1stst.		tro	uas@	AOL.COM ES NO

LICENSE APPLICATION

Date of Application	
License No	_

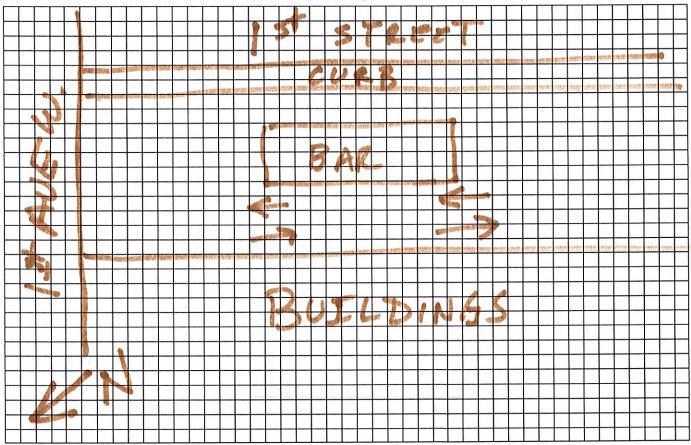
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRA!	TEMPORARY	EXPANSION	OF LICENSED	PREMISES	(DIAGRAN
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Owner: NICKG. PATRONAS	(d/b/a) Trade Name: Spuns ow 1 St
Date of Event: AUG. 25, 2017 Address:	
Name of Event: Spuns BLOCK PARTY.	Time of Event: 9 pm - 1 Am
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 o	f owner/authorized	representative
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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	756-1060			
If Yes, how many people are you expecting to attend?	750-1000			
2. What kind of advertisement have you done? NONE	Right NOW.			
3. What is the age of the target group for this event?	21-30			
4. Will alcohol be sold or given away at this event?	SOLD			
5. Will dancing be allowed at this event? NOT A DAWLES	<i>NO</i>			
I understand that as the applicant for this permit/license, I a Police/Security for this event. I will provide proof of hired security	m responsible for the			
scheduled event.				
Trul of atrongs	6/22/17			
Applicant Signature •	Date			
For office use only				
Is a licensed Peace Officer needed for this event?				
If yes, how many licensed peace officers will be required?				