



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 _____

LICENSE # _____

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 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 - 1ST DAY/EVENING =	\$ 298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$
LEVEL 1 INVESTIGATION FEE (FOR NEW APPLICANTS)	\$ 31.00
TOTAL =	\$ 298.00

LICENSEE CORP NAME/BUSINESS ADDRESS:

DULUTH SUPERIOR PRIDE
PO BOX 3198
DULUTH, MN 55802

EVENT NAME: DULUTH SUPERIOR
PRIDE FESTIVAL

EVENT ADDRESS: Bayfront Park
DULUTH, MN 55802

CELL OR BUSINESS PHONE NO. 218-721-2245

MANAGER'S NAME & ADDRESS & PHONE #

SAVANNAH HANSON
2010 14th ST APT 101
CLOQUET, MN 55720
218-721-2245

OWNER OF EVENT PREMISES:

DATE(S) OF EVENT: SEPTEMBER 1, 2018

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.

Savannah Hanson
Signature of Applicant

MAILING ADDRESS:

PO Box 3198
DULUTH, MN 55802

EMAIL: hanson.savannah88@gmail.com

Would you like notifications via email? YES ☒ NO ☐

Date of Application _____

License No. _____

TEMPORARY ON SALE LIQUOR (GRAPH)

*Owner: _____

(d/b/a)*Trade Name: _____

*Date of Event: SEPT 1, 2018

Address BAYFRONT PARK, DULUTH, MN

*Name of Event: DULUTH SUPERIOR PUNK FESTIVAL

*Time of Event: 10AM - 7PM

*Security Personnel: VOLUNTEERS AND 2+ POLICE

*Firm: _____

DIAGRAM MUST SHOW:

A. Area that will be used.

B. Streets and intersections bordering the area.

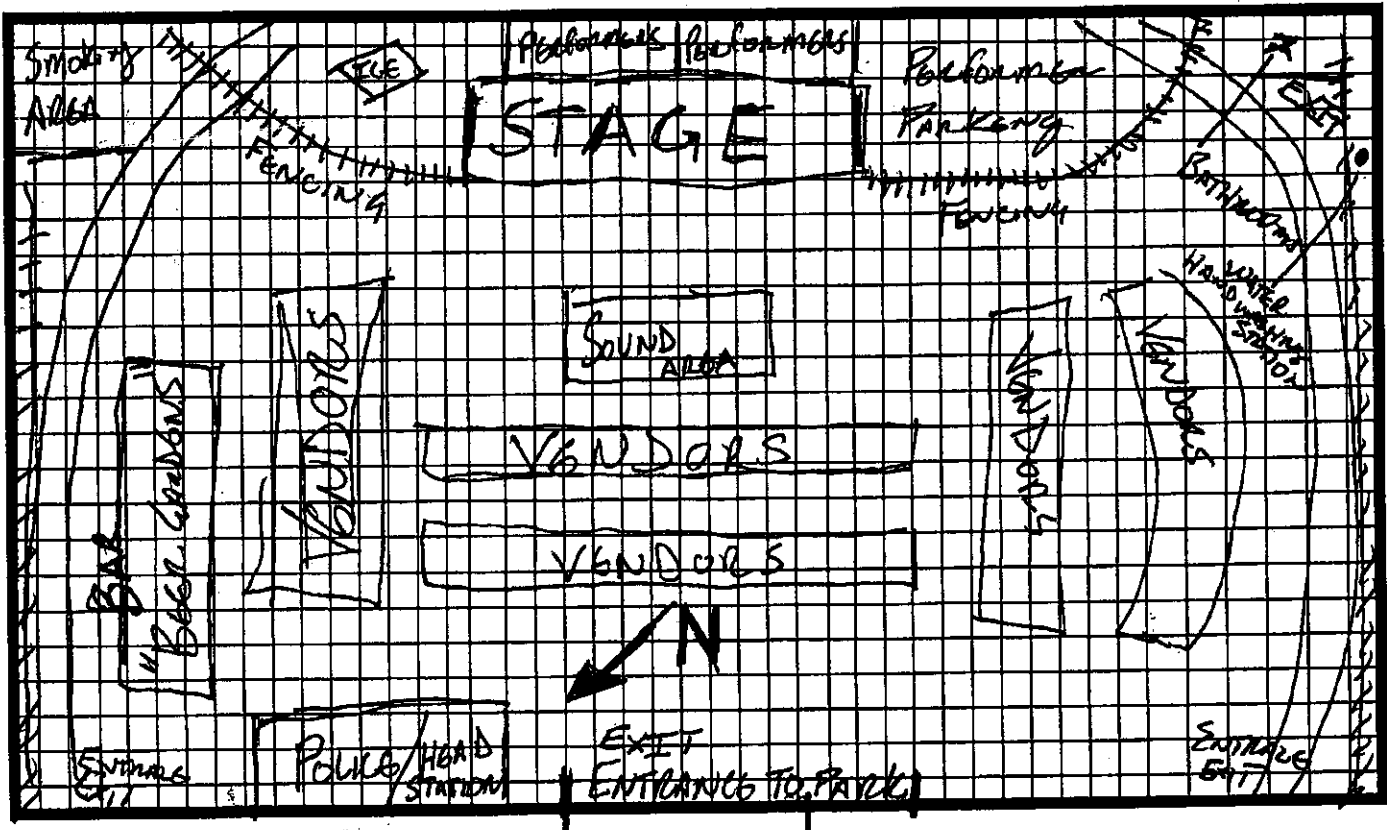
C. Where fencing surrounding the area will be located and what type of fencing will be used.

(Snow fence is preferred.)

D. Where the bar will be located in the "serving area".

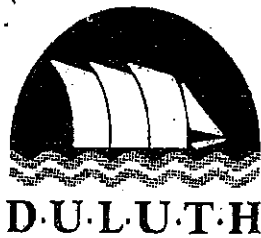
E. Exits and entries to and from the "serving area".

Sketch location and dimensions of area to be occupied. Indicate north on diagram. (NORTH)



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN 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 for the approved "designated serving area" identified here.

[Signature]



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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: DULUTH SUPERIOR PRIDE FESTIVAL
2. Trade Name: DULUTH SUPERIOR PRIDE
3. Address of place to be licensed: BAFFAONT PARK DULUTH MN, 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) SECTIONED BEER TENTS
5. Name and address of owner of building: _____
Any connection with applicant? _____ Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
SAVANNAH HANSON 2010 14TH STREET CLOQUET MN 55720 HEAD OF SECURITY
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
N/A
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
N/A (PRIDE IS A NON-PROFIT)
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
ROUGHLY 10 MILES
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:
N/A

Failure to answer all questions truthfully on this application and attached "Exhibit 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 & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: _____

Date: 7/17/2018

Signature: _____

Date: _____