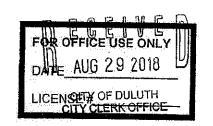


LICENSE

## CITY OF DULUTH CITY CLERK'S OFFICE

330 City Hall 1 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500 Fax (218) 730-5923



**FEE** 

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

## LICENSE APPLICATION

	1 DAY CONSUMPTION AND DISPLAY	\$25.00			
*	LICENSEE NAME/ADDRESS/PHONE NO.  UNCD  835 W. College St.  Duluth, MN 55811  218-724-0308	Business name/address/phone no: Oktoberfest Fundraliser			
	Manager's name/addr/phone no. Kathy Stinnett Congregational Administrator UUCD 835 W.College St. Duluth, MN 55811 218-724-0308	OWNER OF BUSINESS PREMISES:  UUCD Members			
×	Unitarian Universalist Congregation Hereby State that all information here is With all provision of the ordinances of the Minnesota and their amendments.	DATE OF EVENT: 9-29-18  Stion of Duluth - UNCD STRUE AND CORRECT AND THAT I SHALL COMPLY SECITY OF DULUTH AND LAWS OF THE STATE OF			
	MAILING ADDRESS:	Signature of Applicant			



## Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division 445 Minnesota Street, Suite 222, St. Paul, MN 55101 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

## APPLICATION AND PERMIT FOR A 1 DAY TEMPORARY CONSUMPTION AND DISPLAY PERMIT

(City or county may not issue more than 10 permits in any one year)

Name of organization	UULD		Date organi	zed	Tax exer	npt number	
Unitatian Universalist Con	pareaution of	Duluth	1896			2196	
Address	J	City		State	<u> </u>	Zip Code	
835 W. College St.		Dulut	h	Minnesota		55811	
Name of person making application			Business ph	one	Home pl	none	
Ann Fryberger	218-730-7741 218-525-3818						
Date(s) of event		Type of o	organization	1			
9-29-18 Oktoberfest		☐ Club	Charita	ble 🔽 Religi	ous 🔲 (	Other non-profit	
Organization officer's r	iame	<u> </u>	ity	Stat	e	Zip	
X Kathy Stinnett, Cong. A	dmin.	Duluti	h	Minnesota	11,271	55811	
Add New Officer		<del></del>				er general de la companya de la comp	
Location where permit will be used. If an out-	door area, describe.	church	Socie	re hal	C		
Description	· · · · · · · · · · · · · · · · · · ·		1 11 8	el hal gmai	0 00	ر منت	
Puase email pu	mur to i	nuc au	ruru c	gmac	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
APPLICATION MUST BE APPROVE		ROVAL	ተር አሆረሳውው ለ	NID COMMUNIC EN	IEODEENAGN	<b>T</b>	
WAS SIGNAMINGS FOR STATE	DID I CHE ON COOK! PREF	ONE SUMMERS SAFE	I TO ALCOHOL A	IND GAINDGING-EN	VEONCEMEN	1	
City or County approving the li	Date Approved						
		<u> </u>		<u> </u>			
Fee Amount	Permit Date						
Date Fee Paid	City or County Email Address						
Date neer and		city of county Efficient Address					
		· · · · · · · · · · · · · · · · · · ·	City	or County pho	ne numbe	er	
			-				
•							
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	The Manager			
Signature City Clerk or County Official	Approved Director Alcohol and Gambling Enforcement						
	ে এক বিজ্ঞান কৰে। ১৯৯১ চন কে কে কেন্দ্ৰ কৰি সাধাৰ কৰে কৰিব কৰে। সামাৰক ব্যৱসাধনৰ ক্ৰিকাৰ কৰিব বিজ্ঞানিক কৰিব ক সংগ্ৰহণ						

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO <u>AGE.TEMPORARYAPPLICATION@STATE.MN.US</u>