

1 1

## 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<br>02 2019 |
|------------|---------------------|
| LICENSE #_ | 119                 |

FEE

\$358.00

\$

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

Dulush Mr 55802

## LICENSE APPLICATION

LICENSE

TEMPORARY EXPANSION OF LICENSED PREMISES =

Plus \$178.00 EACH ADDITIONAL DAY =

|   |  |  | 1  |
|---|--|--|--|
|   | TOTAL:   | \$   |  |
| LICENSEE CORP NAME & BUSINESS ADDRESS:  | D/B/A OR TRAI  | DE NAME:   |  |
| Dubh Ginn Brew Pub  |  |  |  |
| 109 W. Superior 8+  | CELL OR BUSI   | NESS PHONE NO. $\frac{2}{3}$   | 18-727-1559  |
| Duluth My 55802   |  |  | and the same of th |
| MANAGER'S NAME & ADDRESS & PHONE #  | EVENT LICENS   | SE PERIOD: _ 8-2   | 4-19   |
| Mike Maxin  |  |  |  |
| 109 W. Superior St. Dumth, 55802  | RAIN DATE?   | YES NO   |  |
| 218-940-4540  | IF YES, DATE   | i:   |  |
|   |  |  | 2,5  |
| NEW I   | NFORMATION   |  | **************************************   |
| <ol> <li>PLEASE NOTE: All applications must be in the City C at the AGTC meeting on the first Wednesday of the returned and may not be heard until the next months r must be redone each time you apply for a temporary</li> <li>SECURITY: Supply information to the License Inspe</li> <li>HEALTH DEPT: An application must be on file with t alcohol (218-302-6166 or 218-302-6184).</li> </ol> | month is required. A meeting. All diagrams expansion. Compute ctor (218-730-5421). | Il information must be on the control of the contro | completed or it will be<br>the same as last year<br>l.   |
| I HEREBY STATE THAT ALL INFORMATION HERE IS T<br>PROVISION OF THE ORDINANCES OF THE CITY OF DU<br>AMENDMENTS.   | LUTH AND LAWS O  |  |  |
| MAILING ADDRESS:  | man. Mikon.  | mico de la de so   | com  |
| Doct Color Color  | · ·  | mjr@ydhoo.   |  |
| 109 W. Superior 8t  | ould you like notific  | ations via email? YE   | s No L   |

| Date of Application |  |
|---------------------|--|
| License No          |  |

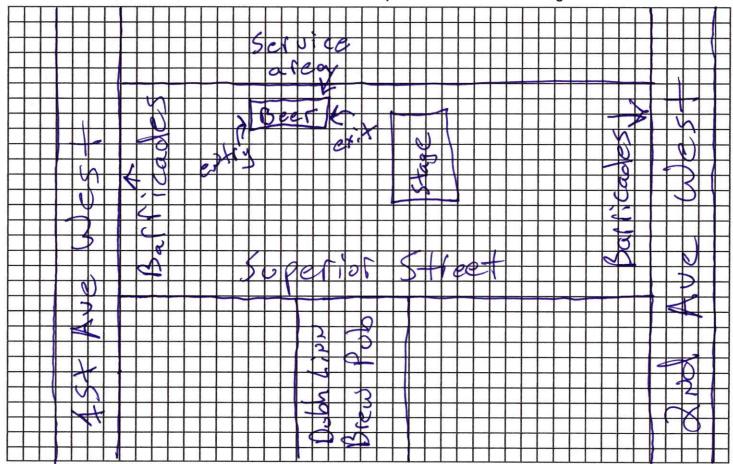
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

| Owner: Dubh Linu LLC             | (d/b/a) Trade Name: Publ LINN Brew Pub |
|----------------------------------|--|
| Date of Event: 8-24-19 Address:  | 109 W. Superior St                     |
| Name of Event: "Fall Fundraiser" | Time of Event:                         |
| Security Personnel: 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 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 of owner/authorized representative



Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

| Is this the first time for this event?  If No, how many people attended this event  If Yes, how many people are you expecting to attend?   | Yes No            |
|--|-------------------|
| 2. What kind of advertisement have you done?   |                   |
| 3. What is the age of the target group for this event?   | 21-70             |
| 4. Will alcohol be sold or given away at this event?   | sold              |
| 5. Will dancing be allowed at this event?  | yeo               |
| I understand that as the applicant for this permit/license, I am Police/Security for this event. I will provide proof of hired security to scheduled event.  Applicant Signature | 1. Store Vent 197 |
| For office use only  |                   |
| Is a licensed Peace Officer needed for this event?   |                   |
| If yes, how many licensed peace officers will be required?   |                   |