

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

For Office Use Only	
Date:	
License No.	XXX = 0.1

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 – 1 ST DAY/EVENII	NG =	\$298.00	RECE
PLUS \$148.00 EACH ADDITIONAL DAY =		\$	
TOTAL =		\$298.00	SITY 23 2021
Duluth Superior Pride P.O. Box 3198 Duluth, MN 55803	Dulu Busine	NAME OR NAME OF EVE th Superior Pride F	PESTIVAL PROPERTY OF DULUTH
MANAGER'S NAME & ADDRESS: Abigail Gannon	OWNER OF BUSINESS PREMISES:		
825 E 1st St Apt N Duluth, MN 55805	EVENT	LICENSE DATE (S): 9/4	/2021
Rain Date? Yes No ✓		Yes, List Date:	
Contact State Health Department at 723-4642 Security Personnel Questions? Call 730-5421 Will Dancing Be Allowed? Yes No	**************************************		e For Dancing License Application
I HEREBY STATE THAT ALL INFORMATION I OF THE ORDINANCES OF THE CITY OF DULUTH AN			
MAILING ADDRESS		A WYV (SIGNATURE OF APPLICANT
P.O. Box 3198			
Duluth, MN 55803			
EMAIL: abigailgannon1980@ gmail.com			



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

 Name of Applicant (individual, partnership, corporation or association) that owns the bus Duluth Superior Pride 	siness to be licensed:
2. Trade Name: Duluth Superior Pride	
Address of place to be licensed: 350 Harbor Dr, Duluth, MN 55802	
Designated Serving Areas (i.e. round floor, second, deck, etc.) Bayfront Festival Park	k, next to the pavillion
Name and address of owner of building: City of Duluth	
350 Harbor Dr	
Duluth, MN 55802	
Any connection with applicant? No Who receives the rent?	
6. Who will direct the operation of the business or serve as manager on the premises?	
List name, address & title: Abigail Gannon, Treasurer 825 E 1st St Apt N, Duluth, MN	N 55805 ■
7. If partnership, give name of each partner and percentage of ownership, and, if limited pa	artnership, give details:
8. If corporation, list all stockholders, directors, officers and the percentage of stock or numeach: 9. State approximate distance of this establishment from the nearest academy, college, univariate to Harbor City International 10. State whether any consideration, money or property, has been paid, or will be paid, given	versity, church or school:
by anyone, and to whom, for the purchase or operation of this business. State the amounts	
We receive donations for the specific purpose of running this organization	
Failure to answer all questions truthfully on this application and Affidavit "A," which is ma 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 will notify the City Council in writing of any change in ownership in this business before the change is made and the conducted of the change is made and the conducted of the change in ownership in this business before the change is made and the conduction of the change in ownership in this business before the change is made and the conducted of the change in ownership in this business to be conducted will notify the City Council. I (we) have read the foregoing questions and are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code of their amendments. Signature:	nade, for the approval of the nd answers to said questions
Signature: Date:	