



City of Duluth – City Clerk's Office
 411 W First Street – City Hall 318
 Duluth, MN 55802-1189
 Phone: (218) 730-5500



For Office Use Only
 Date: _____
 License No. _____

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/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$ <u>60.00</u>

LICENSEE BUSINESS NAME & ADDRESS:

Ecolibrium 3
~~2004~~ 2014 W 3rd St
Duluth MN 55800

TRADE NAME OR NAME OF EVENT:

Sip & Support
 BUSINESS PHONE NO: 218-336-1038

MANAGER'S NAME & ADDRESS:

Jodi Slick
1215 22nd Ave E
Superior, WI 54880

OWNER OF BUSINESS PREMISES:

Antonia
~~Roni~~ Giuliani - Hughes
 EVENT LICENSE DATE (S): _____
4/17/2026

Will you hire security? Yes No Security Personnel Questions? Call 730-5421
 Contact State Health Department at 723-4642 For Application for Beer and/or Food.
 Security Personnel Questions? Call 730-5421

Alcohol in City Parks? Yes No If Yes, Contact Parks & Recreation at 218-730-4305

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

MAILING ADDRESS

2014 W 3rd St
Duluth MN 55806

EMAIL: jodi@ecolibrum3.org
bella@ecolibrum3.org

J Slick
 SIGNATURE OF APPLICANT



CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

- 1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed: Jodi Slick, Ecolibrium3
2. Trade Name:
3. Address of place to be licensed: Clyde Iron Works - 2920 W Michigan St.
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) main and upper floor of event space
5. Name and address of owner of building: Antonia Giuliani - Hughes

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: Antonia Giuliani - Hughes, Clyde Iron Works, owner / manager

- 7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

- 8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

- 9. State approximate distance of this establishment from the nearest academy, college, university, church or school: 0.5 miles - Redemption Ministry

- 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.

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

Signature: [Handwritten Signature]
Signature: [Handwritten Signature]

Date: 2/4/26
Date: 2/4/26



City Clerk's Office
 Room 318
 411 West First Street
 Duluth, Minnesota 55802-1189

218-730-5500
 218-730-5923 Fax

APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following (as applicable) with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Legal Name of Business	Ecolibrium 3	2. Trade Name (DBA)	
3. Address of Licensed Premises	2920 W Michigan St		
4. Business Phone	218-336-1038	Individual's Cell Phone	218 428 7542
6. Your Name (First, Middle, Last)	Jodi Lynn Slick	7. Place of Birth (City & State, or City & Country if outside U.S.)	Rice Lake, WI
8. Date of Birth (MM/DD/YYYY)		9. Email	jodi@ecolibrium3.org
10. Home Address	1215 22nd Ave E, Superior WI 54980		
11. Social Security Number (SSN)		12. Driver's License or ID Number & Issuing State	

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
1215 22nd Ave E	Superior	WI	54980	2004	present

14. Have you ever been known by any other name than the one listed on this application?

Yes* *If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name.

No

Jodi Vreeland, Jodi Vreeland Slick

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

Yes*

No

NONPROFIT - CEO

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

Yes* *If yes, state the location of the establishments involved and fully describe the nature and extent of the interest.

No



**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

150

If Yes, how many people are you expecting to attend?

2. What kind of advertisement have you done?

none yet

3. What is the age of the target group for this event?

21+

4. Will alcohol be sold or given away at this event?

yes

5. Will alcohol service take place in City Parks?

no

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.



Applicant Signature

2/4/26

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

If yes, how many licensed peace officers will be required? _____

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

Yes* *If Yes, why?
 No

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

Yes* *If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged.
 No

20. Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

Yes
 No

DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Slick Jodi Lyn
Last Name First Name Middle Name
Also known as Jodi Vreeland Slick Date of Birth: 05/23/72

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.
Signature [Signature] Date: 2/4/26

VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Jodi Slick, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit [Signature] Date 2/4/26
Printed name of witness Isabella Ake Witness Signature [Signature]



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization: Ecolibrium 3 Date of organization: July 2011 Tax exempt number: [REDACTED]

Organization Address (No PO Boxes): 2014 W 3rd St City: Duluth State: MN Zip Code: 55806

Name of person making application: Jodi Slick Business phone: 218 936 1039 Home phone:

Date(s) of event: 4/17/26 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Carole Newkumet City: Duluth State: MN Zip Code: 55806

Organization officer's name: City: State: MN Zip Code:

Organization officer's name: City: State: MN Zip Code:

Location where permit will be used. If an outdoor area, describe.

Clyde Iron Works
2920 W Michigan St, Duluth, MN 55806

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license: _____ Date Approved: _____

Fee Amount: _____ Permit Date: _____

Event in conjunction with a community festival Yes No

Current population of city: _____ City or County E-mail Address: _____

Please Print Name of City Clerk or County Official

Signature City Clerk or County Official

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

No Temp Applications faxed or mailed. Only emailed.

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 AGE.TEMPORARYAPPLICATION@STATE.MN.US