



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

RECEIVE  
BY: DEC 22 2025

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 <sup>ST</sup> DAY/EVENING = | \$60.00         |
| PLUS \$30.00 EACH ADDITIONAL DAY =                       | \$ _____        |
| <b>TOTAL =</b>   | <b>\$ 60.00</b> |

LICENSEE BUSINESS NAME & ADDRESS:

Clyde Iron Works  
2920 W Michigan St  
Duluth MN 55806

TRADE NAME OR NAME OF EVENT:

Brew Love North

BUSINESS PHONE NO: 612-331-5752

MANAGER'S NAME & ADDRESS:

Jennifer Argeros  
621 Oak St SE  
Minneapolis, MN 55414

OWNER OF BUSINESS PREMISES: \_\_\_\_\_

EVENT LICENSE DATE (S): February 19, 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

621 Oak St SE  
Minneapolis MN 55414

EMAIL: [jargeross@rmhc-uppermidwest.org](mailto:jargeross@rmhc-uppermidwest.org)

SIGNATURE OF APPLICANT