

AGENDA OF THE REGULAR MEETING OF THE ALCOHOL, GAMBLING & TOBACCO COMMISSION

July 1, 2015

The regular meeting of the Alcohol, Gambling & Tobacco Commission will be held on Wednesday, July 1, 2015, at 4:45 p.m., in the City Council Chambers, 3rd Floor, City Hall.

ROLL CALL: Dennis Birchland, Bjorn Braaten, Bryn Pollard, Jeff Rosenthal,
Chris Pekkala, Adam Wisocki, President Stauber

***ANYONE WHO HAS BUSINESS BEFORE THIS
BOARD SHOULD MAKE PLANS TO ATTEND***

COMMUNICATIONS:

LAWFUL GAMBLING:

Kraus-Anderson Community Foundation 60 day waiver – raffle exemption

NEW BUSINESS:

**SHOPKO STORES OPERATING CO., LLC (SHOPKO #114), 801 WEST CENTRAL
ENTRANCE** – APPLICATION FOR AN OFF SALE 3.2 % MALT LIQUOR LICENSE FOR THE
PERIOD ENDING APRIL 30, 2016.

**SIR BENEDICTS, IV, LLC (SIR BENEDICTS TAVERN ON THE LAKE), 805 E SUPERIOR
STREET** – APPLICATION FOR TEMPORARY EXPANSION OF THE LICENSED PREMISES
OF THEIR ON SALE INTOXICATING LIQUOR LICENSE FOR JULY 25, 2015.

AAD SHRINERS, (DULUTH HOT AIR BALLOON FESTIVAL), BAYFRONT PARK –
APPLICATION FOR A TEMPORARY ON SALE 3.2 PERCENT MALT LIQUOR LICENSE FOR
SEPTEMBER 18 – 20, 2015, WITH RYAN KERN, MANAGER.

RUSTIC BAR, INC. (THE RUSTIC BAR), 401 N CENTRAL AVE - APPLICATION FOR
TEMPORARY EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE
INTOXICATING LIQUOR LICENSE FOR AUGUST 5-7, 2015.

JMMP ENT. LLC, (KOM-ON-INN), 332 N 57th AVE W – APPLICATION FOR TEMPORARY
EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE INTOXICATING LIQUOR
LICENSE FOR AUGUST 5-7, 2015.

D&D ENTERPRISE OF CLOQUET (MR. D'S BAR AND GRILL), 5622 GRAND AVE – APPLICATION FOR TEMPORARY EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE INTOXICATING LIQUOR LICENSE FOR AUGUST 5-7, 2015.

HISTORIC UNION DEPOT, INC. (DULUTH DEPOT) 506 W. MICHIGAN ST. – APPLICATION FOR TEMPORARY EXPANSION OF THE LICENSED PREMISES OF THEIR ON SALE INTOXICATING LIQUOR LICENSE FOR SEPTEMBER 3, 2015.

LAKE SUPERIOR BREWING COMPANY, LLC (TWIN PORTS BRIDGE FESTIVAL), BAYFRONT PARK – APPLICATION FOR TEMPORARY ON SALE INTOXICATING LIQUOR LICENSE FOR SEPTEMBER 4-5, 2015, WITH DON HOAG, PRESIDENT.

LAKE SUPERIOR BREWING COMPANY, LLC , 2711 W. SUPERIOR ST – APPLICATION FOR PERMANENT EXPANSION OF THEIR ON SALE BREWING MALT LIQUOR LICENSE FOR SEPTEMBER 4-5, 2015, WITH DON HOAG, PRESIDENT.

BENT PADDLE BREWING COMPANY, 1912 W MICHIGAN ST – APPLICATION FOR AN ON SALE SUNDAY MALT BREWING LIQUOR LICENSE FOR THE PERIOD ENDING AUGUST 31, 2015.

MINNESOTA LAWFUL GAMBLING
LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.
 Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: Kraus-Anderson Community Foundation dba Kraus-Anderson Bike Duluth Festival Previous Gambling Permit Number: _____

Minnesota Tax ID Number, if any: _____ Federal Employer ID Number (FEIN), if any: 47-3012976

Mailing Address: Attn: Susan Anderson 3716 Oneota Street

City: Duluth State: MN Zip: 55807 County: St Louis

Name of Chief Executive Officer (CEO): Bruce W. Engelsma, President and Chairman of the Board
 Bruce @ 612-332-7281
 Daytime Phone: Susan @ 218-624-8632 Email: susan.anderson@krausanderson.com

NONPROFIT STATUS

Type of Nonprofit Organization (check one):
 Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

A current calendar year Certificate of Good Standing
 Don't have a copy? Obtain this certificate from:
 MN Secretary of State, Business Services Division Secretary of State website, phone numbers:
 60 Empire Drive, Suite 100 www.sos.state.mn.us
 St. Paul, MN 55103 651-296-2803, or toll free 1-877-551-6767

IRS income tax exemption (501(c)) letter in your organization's name
 Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)
 If your organization falls under a parent organization, attach copies of both of the following:
 1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling, and
 2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Spirit Mountain

Address (do not use P.O. box): 9500 Spirit Mountain Place

City or Township: Duluth Zip: MN County: 55810

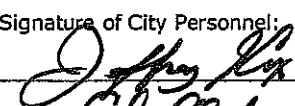
Date(s) of activity (for raffles, indicate the date of the drawing): August 15, 2015

Check each type of gambling activity that your organization will conduct:
 Bingo* Paddlewheels* Pull-Tabs* Tipboards*
 Raffle (total value of raffle prizes awarded for the calendar year: \$ 10,000.00)

* **Gambling equipment** for bingo paper, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under **LIST OF LICENSEES**, or call 651-539-1900.

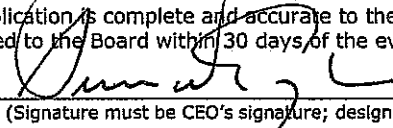
LG220 Application for Exempt Permit

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

<p style="text-align: center;">CITY APPROVAL for a gambling premises located within city limits</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print City Name: <u>Duluth</u></p> <p>Signature of City Personnel: </p> <p>Title: <u>City Clerk</u> Date: <u>6/5/15</u></p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 20px;"> <p>The city or county must sign before submitting application to the Gambling Control Board.</p> </div>	<p style="text-align: center;">COUNTY APPROVAL for a gambling premises located in a township</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>Title: _____ Date: _____</p> <p>TOWNSHIP (if required by the county) On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>Title: _____ Date: _____</p>
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CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature:  Date: June 4, 2015
(Signature must be CEO's signature; designee may not sign)

Print Name: Bruce W. Engelsma, President and Chairman of the Board; this Foundation does not have a CEO

<p>REQUIREMENTS</p> <p>Complete a separate application for:</p> <ul style="list-style-type: none"> • all gambling conducted on two or more consecutive days, or • all gambling conducted on one day. <p>Only one application is required if one or more raffle drawings are conducted on the same day.</p> <p>Financial report to be completed within 30 days after the gambling activity is done: A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.</p> <p>Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).</p>	<p>MAIL APPLICATION AND ATTACHMENTS</p> <p>Mail application with:</p> <p><input type="checkbox"/> a copy of your proof of nonprofit status, and</p> <p><input type="checkbox"/> application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is \$100; otherwise the fee is \$150. Make check payable to State of Minnesota.</p> <p>To: Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113</p> <p>Questions? Call the Licensing Section of the Gambling Control Board at 651-539-1900.</p>
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Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.



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
 DATE 6-11-2015
 LICENSE # 759391

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 APPLICATION

LICENSE

FEE

OFF SALE BEER
 INVESTIGATION FEE (one time)

\$154.00
 31.00
TOTAL \$185.00

**LICENSEE NAME/ADDRESS/PHONE
 (Corporation/individual/partnership)**

Shopko Stores Operating Co., LLC
700 Pilgrim Way
Green Bay WI 54304
920-429-2211

BUSINESS NAME/ADDRESS/PHONE:

Shopko #114
801 West Central Entrance
Duluth, MN 55811
218-727-7131

MANAGER'S NAME/ADDRESS/PHONE

Patti Kwiki
4309 E 2nd St
Superior, WI 54880
218-727-7131

OWNER OF BUSINESS PREMISES:

Spirit SPE Portfolio, 2006-1, LLC
1463 N Scottsdale Road
Scottsdale, AZ 85251

LICENSE PERIOD: Ending 4/30

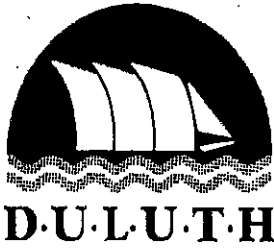
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

[Signature]
 Signature of Applicant

MAILING ADDRESS:

Shopko Stores Operating Co. LLC
PO Box 19060
Green Bay, WI 54307

PLAT/PARCEL #: _____ (If known)



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Fax (218) 730-5923

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: Shopko Stores Operating Co., LLC
2. Trade Name: Shopko #114
3. Address of place to be licensed: 801 West Central Entrance, Duluth, MN 55811
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) 1-2 pallets of beer in aisle
5. Name and address of owner of building: Spirit SPX Portfolio, 2006-1, LLC, 1463 N. Scottsdale Road, Scottsdale, AZ
Any connection with applicant? NO Who receives the rent: Spirit
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title: Patti Kurki, Asst. Store Manager, 801 West Central Entrance, Duluth, MN 55811
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details: n/a
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each: Please see attached listing
9. State approximate distance of this establishment from nearest academy, college, university, church or school: over 500 sq. feet
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: NONE

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

Signature: G. J. [Signature], Secretary

Date: 5-20-15

Signature: _____

Date: _____

Due 6/24/15



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

FOR OFFICE USE ONLY	
DATE	6/23/15
LICENSE #	36

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
TOTAL: \$ 358.00	

LICENSEE CORP NAME & BUSINESS ADDRESS:

Sir Benedict's IV Inc,
805 E Superior St
Duluth, MN 55802

D/B/A or TRADE NAME:

Sir Benedict Tavern on the Lake

**** MANAGER'S NAME & ADDRESS & PHONE #**

Joshua Stotts 218 393 5999
4806 Jay St
Duluth, MN 55802

CELL OR BUSINESS PHONE

NO. 218-728-1192

**** EVENT LICENSE PERIOD:** July 25th, 2015

****RAIN DATE:** YES ___ NO X

IF YES, DATE: _____

NEW INFORMATION

1. PLEASE NOTE: All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next month's meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.

2. SECURITY: Supply information to the License Inspector @ 730-5421.

3. HEALTH DEPT: An application must be on file with the State Health Dept., for the serving of food and alcohol at 218-302-6166 or 218-302-6184.

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.

[Signature]
Signature of Applicant

MAILING ADDRESS:

805 E Superior St
Duluth, MN
55802

sirbenstavern@gmail.com

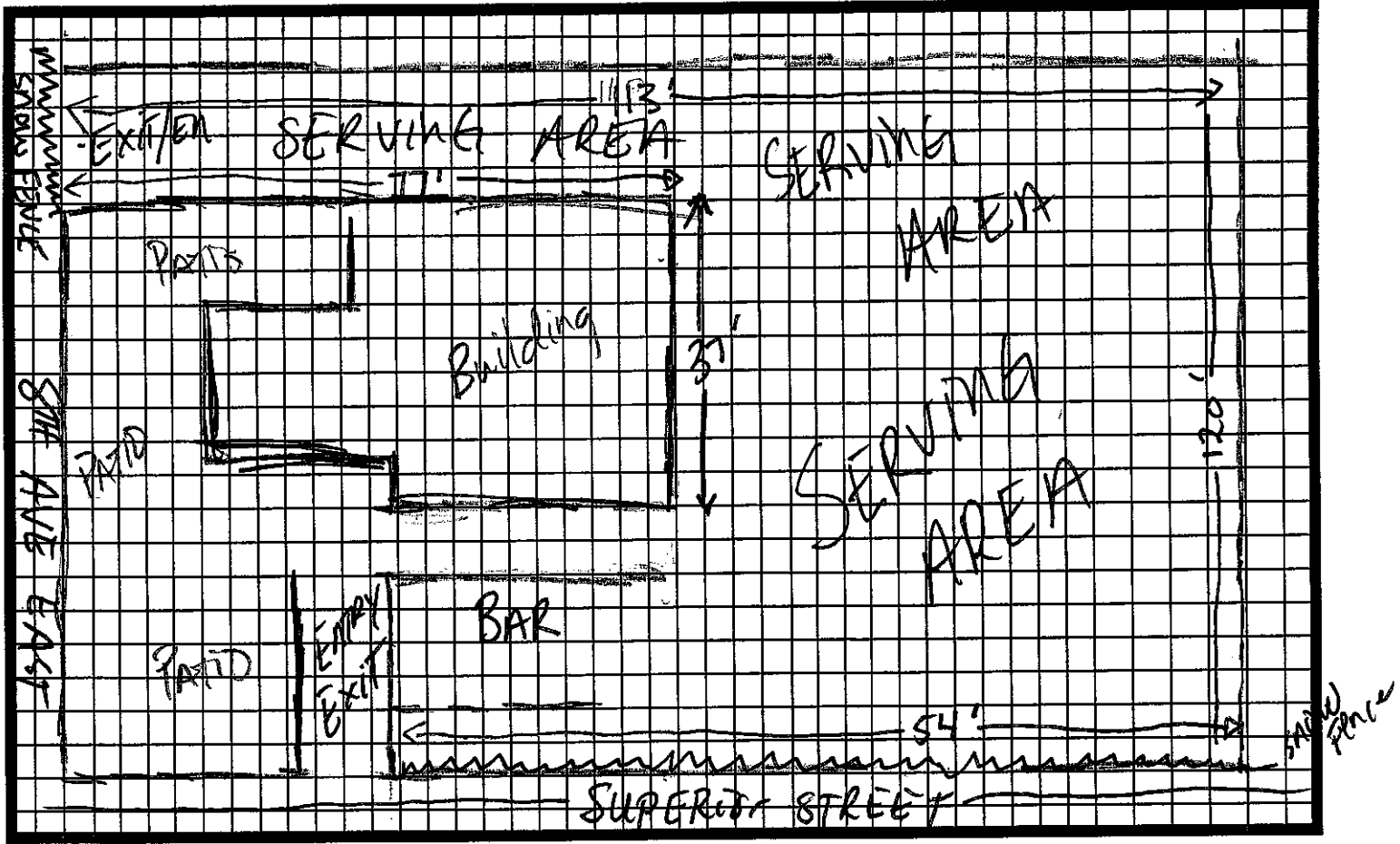
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: Josh Stoff (d/b/a)*Trade Name: Sir Benedict's Tavern on the Lake
 Date of Event: 7/25/15 *Address 805 E Superior St
 *Name of Event: Bring Out Your Dead *Time of Event: 10 AM
 *Security Personnel: _____ *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 fence 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. (NORTH)



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN 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 fo the approved "designated serving area" identified here.

[Signature]
 Signature of owner/authorized representative



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

100

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

2. What kind of advertisement have you done?

Posters, word of mouth, social media

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

45-65

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

SOLD

5. Will dancing be allowed at this event?

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.

[Signature]
Applicant Signature

6/23/15
Date

For office use only

Is a licensed Peace Officer need for this event _____

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

Extra Duty Police Services Application
Attn: Officer Jim Hansen
Duluth Police Department
411 West First Street
Duluth, MN 55802
(218) 390-2232
Fax 218-730-5910



Name of Business/ Organization/Event: Sir Benedict's II Inc, Bring Out Your Dead Vintage Bike Run

Date(s) Of Service: 7/25/15 Hours: 10-4^{am} pm

Location: 805 E Superior St

Number of Officers: 1 Duties: Provide security to ensure bikes are safe : people are not leaving premise w/ Alcohol

Contact Person: JOSH STOTTS Position: OWNER

Contact Address: 805 E Superior St City: Duluth Zip: 55802

Contact Phone: 218-393-5999 Billing Phone: 218-728-1192

Billing Name: Sir Benedict's II, Inc

Billing Address: 805 E Superior St City: Duluth Zip: 55802

Federal ID # or Social Security #: 47-3495390

NOTICE TO APPLICANTS
The officers are at all times subject to the policies of the City of Duluth, the laws and Constitution of the United States and the state of Minnesota, and the rules and regulations governing employees of the Duluth Police Department (DPD). A Applicant has no authority over police personnel and is restricted to providing only a general assignment of duties to be performed by the officer. Those assignments **never** supersede DPD policy or procedures and the Applicant is hereby so advised. Extra duty officers remain under the exclusive control of the City and are accountable for strict adherence to its rules and regulations. Any conflicting rules of the Applicant will be disregarded. The officer shall refuse to perform any duties deemed to be in conflict with the guidelines established by DPD. As determined by the Department, officers may be recalled from extra duty to on duty status.
This application is for law enforcement work only and does not exempt Applicants from obtaining other necessary permits for events. The City of Duluth Police Department is NOT obligated to provide extra duty services. The City reserves its right to deny an application for extra-duty officers.

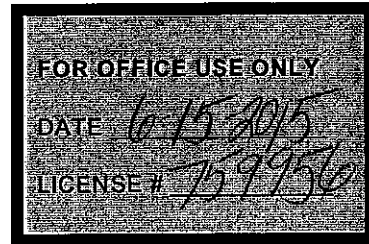
DPD officers are not permitted to receive cash from Applicant for any reason whatsoever.

I have read and understand the Extra Duty Application:
[Signature] 6/23/15
Applicant Date

Return to Officer Jim Hansen at above address, or email to: jhansen@duluthmn.gov



CITY OF DULUTH
CITY CLERK'S OFFICE
 330 City Hall • 411 West First Street
 Duluth, Minnesota 55802-1189
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 Fax (218) 730-5923



LICENSE APPLICATION

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

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 NON-INTOXICATING MALT LIQUOR (BEER) - 1ST DAY =	\$119.00
PLUS \$23.00 EACH ADDITIONAL DAY =	\$46.00
TOTAL	\$165.00

LICENSEE BUSINESS NAME & ADDRESS:

Aad Shriners
 Bayfront Park
 Duluth, MN 55811

TRADE NAME OR NAME OF EVENT:

Duluth Hot Air Balloon Festival

BUSINESS PHONE NO. 218-628-9996

MANAGER'S NAME & ADDRESS:

Ryan Kern
 2110 W. 1st Street
 Duluth, MN 55806

OWNER OF BUSINESS PREMISES:

City of Duluth

EVENT LICENSE DATE(S):

9-18-15 → 9-20-15

Rain Date? Yes No If yes, list date: _____

Contact State Health Department at 723-4642 for application for beer and/or food.

Security Personnel Questions? Call 730-5421

Will dancing be allowed? Yes No

If yes, contact the City Clerk's Office for dancing license application.

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

Signature of Applicant

MAILING ADDRESS:

Duluth Hot Air Balloon Festival
 2110 W. 1st Street
 Duluth, MN 55806

EMAIL: rkern@kernz.com

Would you like notifications via email? YES NO

Date of Application _____
License No. _____

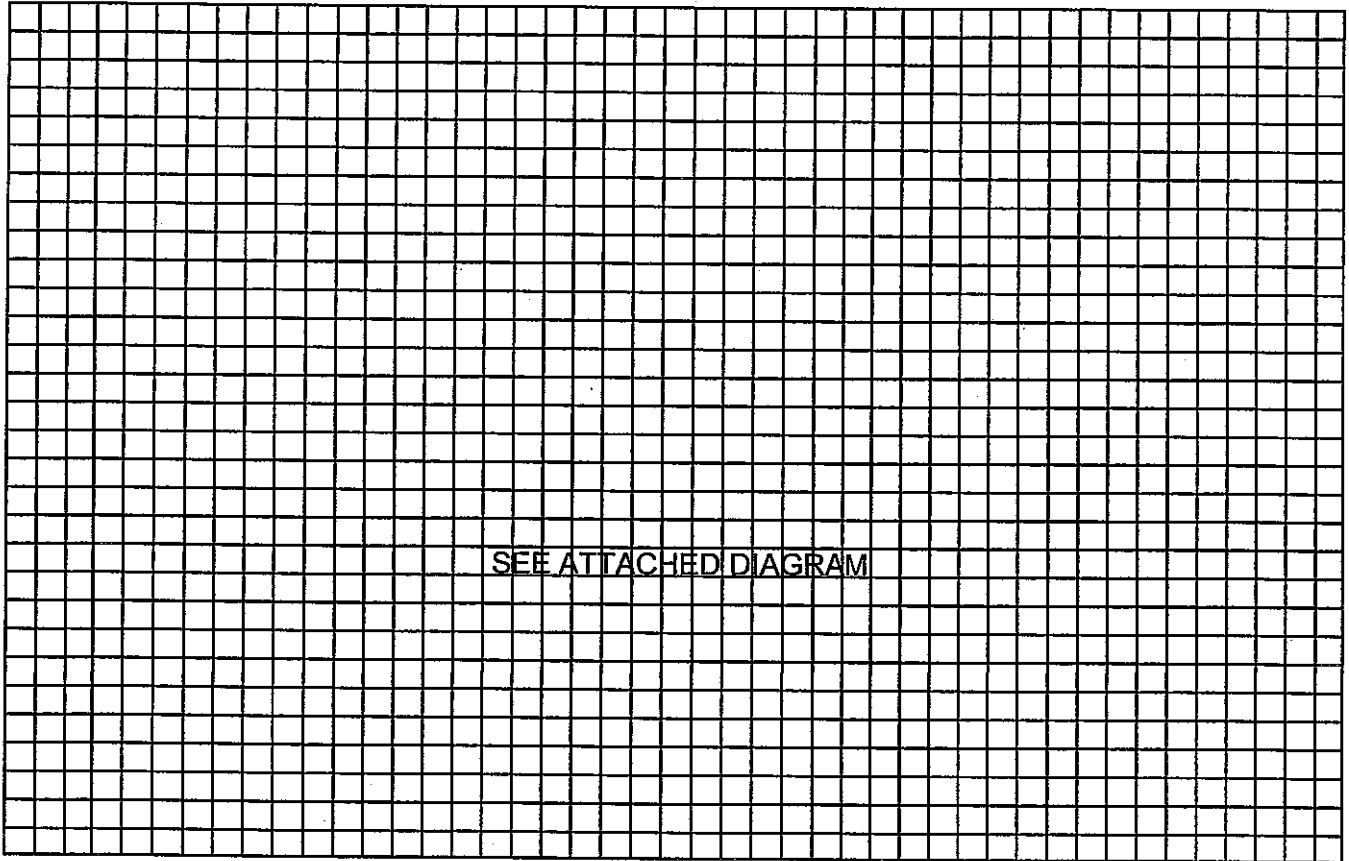
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: City of Duluth (d/b/a) Trade Name: Duluth Hot Air Balloon Fest.
Date of Event: 9/18/15 - 9/20/15 Address: 2725 Exhibition
Name of Event: Duluth Hot Air Balloon Festival Time of Event: 10a-10p
Security Personnel: Duluth PD and Private Security Firm: _____

DIAGRAM MUST SHOW:

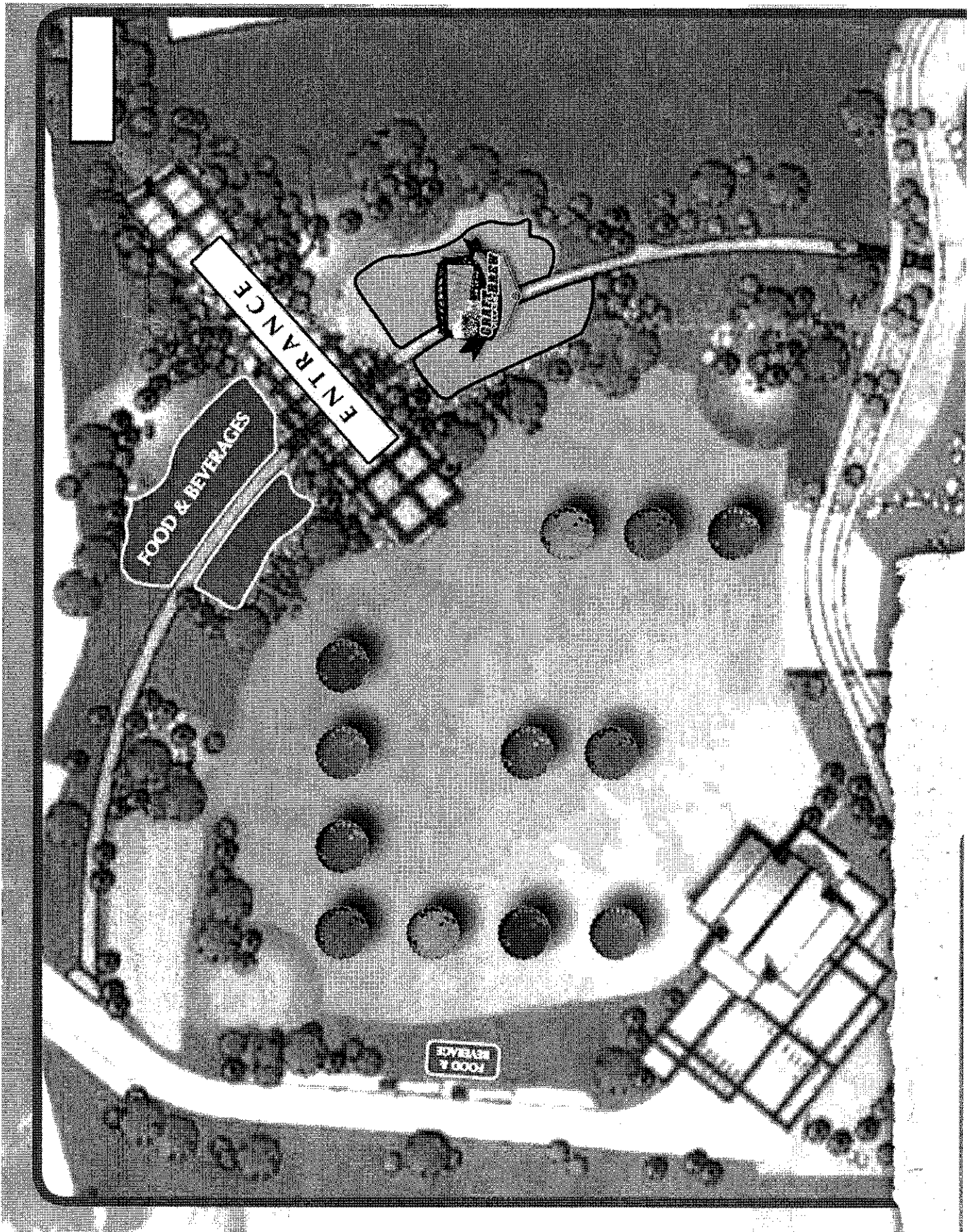
- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used (snow fence is preferred).
- D. Where the bar will be located in the "serving area."
- E. Exits and entries to and from the "serving 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





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	
DATE	<u>6/23/15</u>
LICENSE #	<u>15</u>

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

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ 356.00
TOTAL:	\$ 714.00

LICENSEE CORP NAME & BUSINESS ADDRESS:
The Rustic Bar Inc
401 N Central Ave
Duluth, MN 55807

MANAGER'S NAME & ADDRESS & PHONE #
Jeffery Flynn
4992 Heritage Drive
Duluth, MN 55803

D/B/A OR TRADE NAME: Rustic Bar

CELL OR BUSINESS PHONE NO. 218-590-7100

EVENT LICENSE PERIOD: ~~Aug 4, 5, 6, 7~~ 5, 6, 7

RAIN DATE? YES NO

IF YES, DATE: _____

NEW INFORMATION

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- SECURITY:** Supply information to the License Inspector (218-730-5421).
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184).

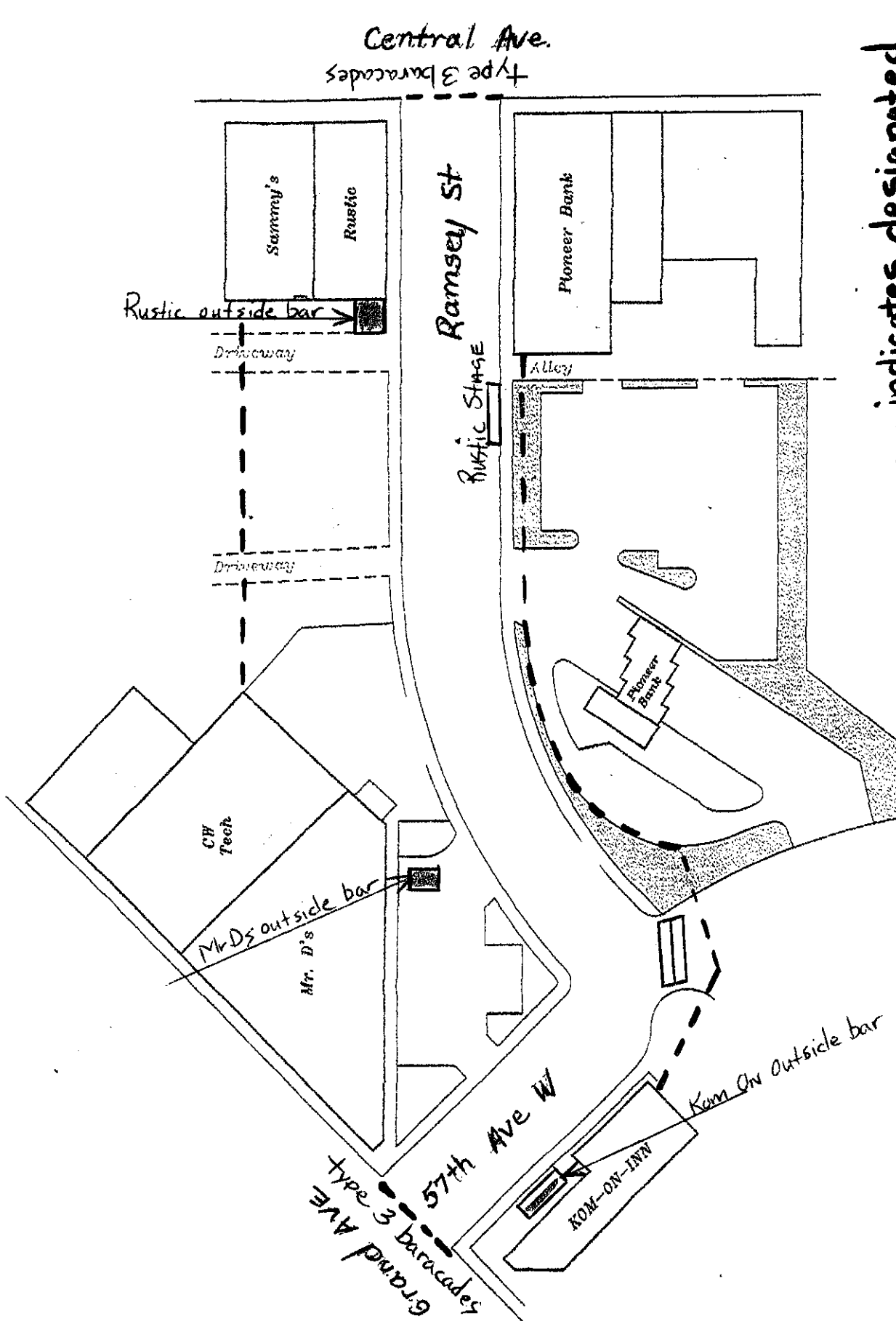
I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

Jeffery Flynn
 Signature of Applicant

MAILING ADDRESS:
Rustic Bar
401 N Central Ave
Duluth MN 55807

EMAIL: JCFlynn3365@msd.com

Would you like notifications via email? YES NO



Central Ave.
Type 3 baracades

Ramsey St

Public Stage

Alley

Pioneer Bank

Pioneer Bank

CW Tech

Mr. D's

KOM-ON-INN

57th Ave W

Grand Ave
Type 3 baracades

Rustic outside bar

Driveway

Driveway

Mr. D's outside bar

KOM-ON outside bar

--- indicates designated
Serving area

--- orange snowfence, guarded
by DP and APS security



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	
DATE	6-17-2015
LICENSE #	35

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

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ 356.00
TOTAL:	\$ 714.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

D+D Enterprises of Cloquet
5122 Grand Ave
Duluth mn 55807

D/B/A OR TRADE NAME: Mr. D's Bar + Grill

CELL OR BUSINESS PHONE NO. 218-624-4178

MANAGER'S NAME & ADDRESS & PHONE #

Mary Jurek
1108 ACACIA AVE
Proctor mn 55810 218-428-1754

EVENT LICENSE PERIOD: 8/5/15-8/7/15

RAIN DATE? YES NO
 IF YES, DATE: _____

NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next months meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.
- SECURITY:** Supply information to the License Inspector (218-730-5421).
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184).

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

x [Signature]
 Signature of Applicant

MAILING ADDRESS:

Mr. D's Bar + Grill
5122 Grand Ave
Duluth mn 55807

EMAIL: _____

Would you like notifications via email? YES NO

Date of Application _____
License No. _____

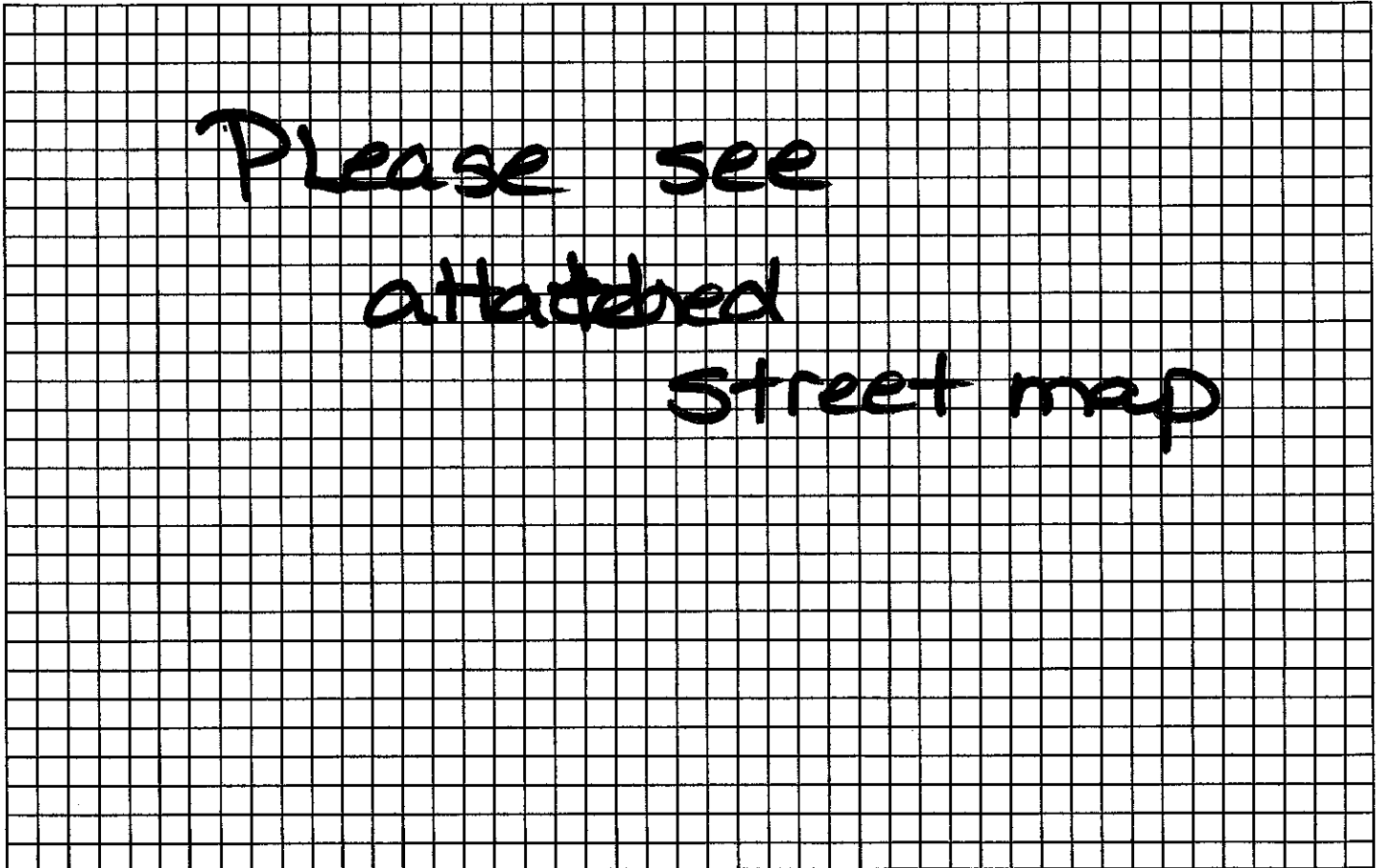
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: AL Terwey (d/b/a) Trade Name: Mr. D's Bar & Grill
Date of Event: 8/7/2015 Address: 5622 Grand Ave
Name of Event: Spirit Valley Days Time of Event: 8/5/15 - 8/7/15
Security Personnel: Duluth Police + APS Security Firm: _____

DIAGRAM MUST SHOW:

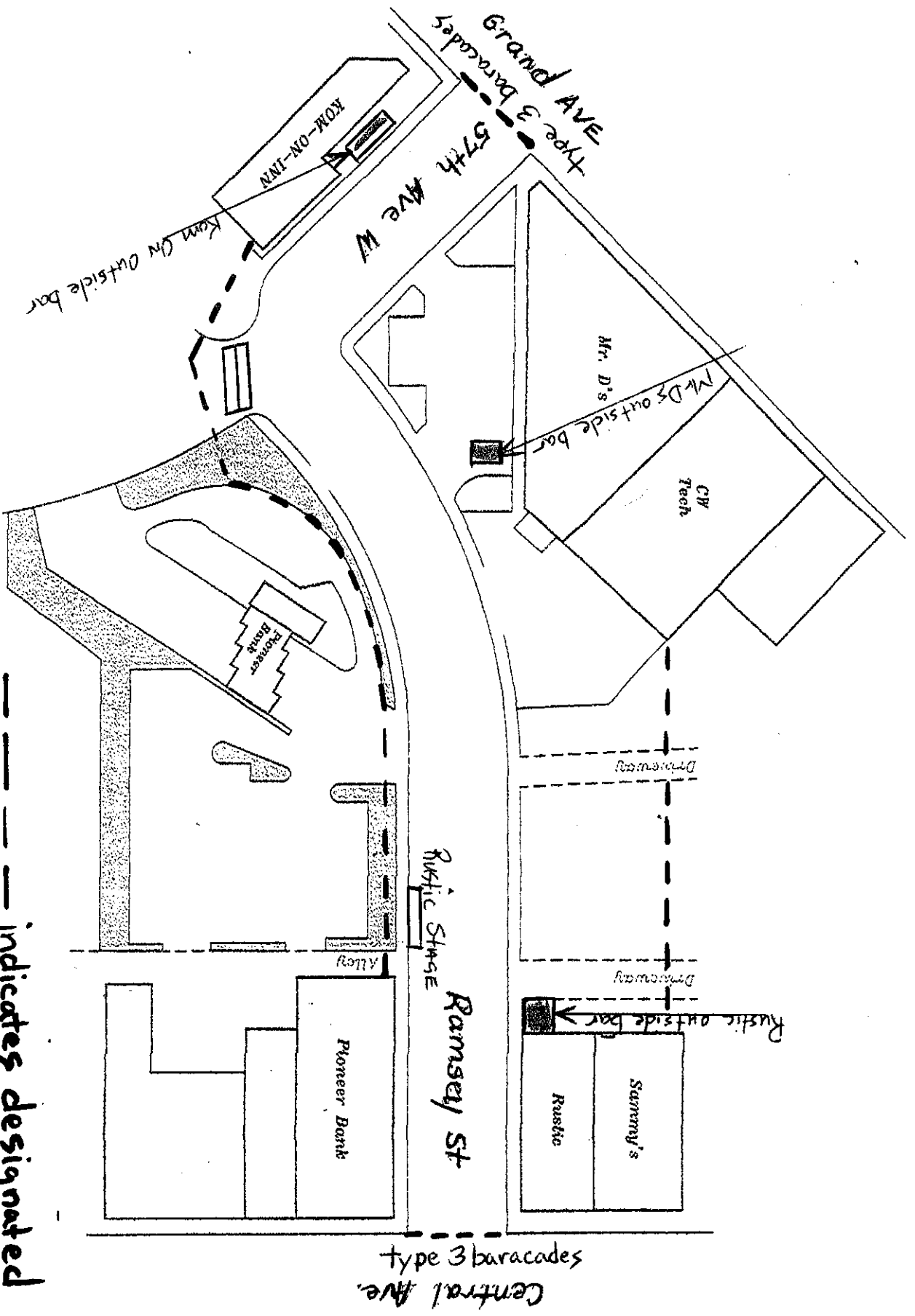
- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used (snow fence is preferred).
- D. Where the bar will be located in the "serving area."
- E. Exits and entries to and from the "serving 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.

x AL Terwey
Signature of owner/authorized representative



— indicates designated
Serving area

— orange fence, guarded
by DP and APS Security



**CITY OF DULUTH
CITY CLERK'S OFFICE**

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Duluth, Minnesota 55802-1189
Phone (218) 730-5500
Fax (218) 730-5923

FOR OFFICE USE ONLY
DATE _____
LICENSE # _____

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

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ 356.00
TOTAL:	\$ 714.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

JMMP ENT. LLC
332 No 57TH AVEW
DULUTH, MN 55807

D/B/A OR TRADE NAME: KOM ON INN

CELL OR BUSINESS PHONE NO. 218 624-3385

MANAGER'S NAME & ADDRESS & PHONE #

PAM HOULE
7525 WITTEG RD
CLOQUET, MN 55720

EVENT LICENSE PERIOD: AUG 5-7, 2015

RAIN DATE? YES NO

IF YES, DATE: _____

NEW INFORMATION

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- SECURITY:** Supply information to the License Inspector (218-730-5421).
- HEALTH DEPT:** An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184).

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

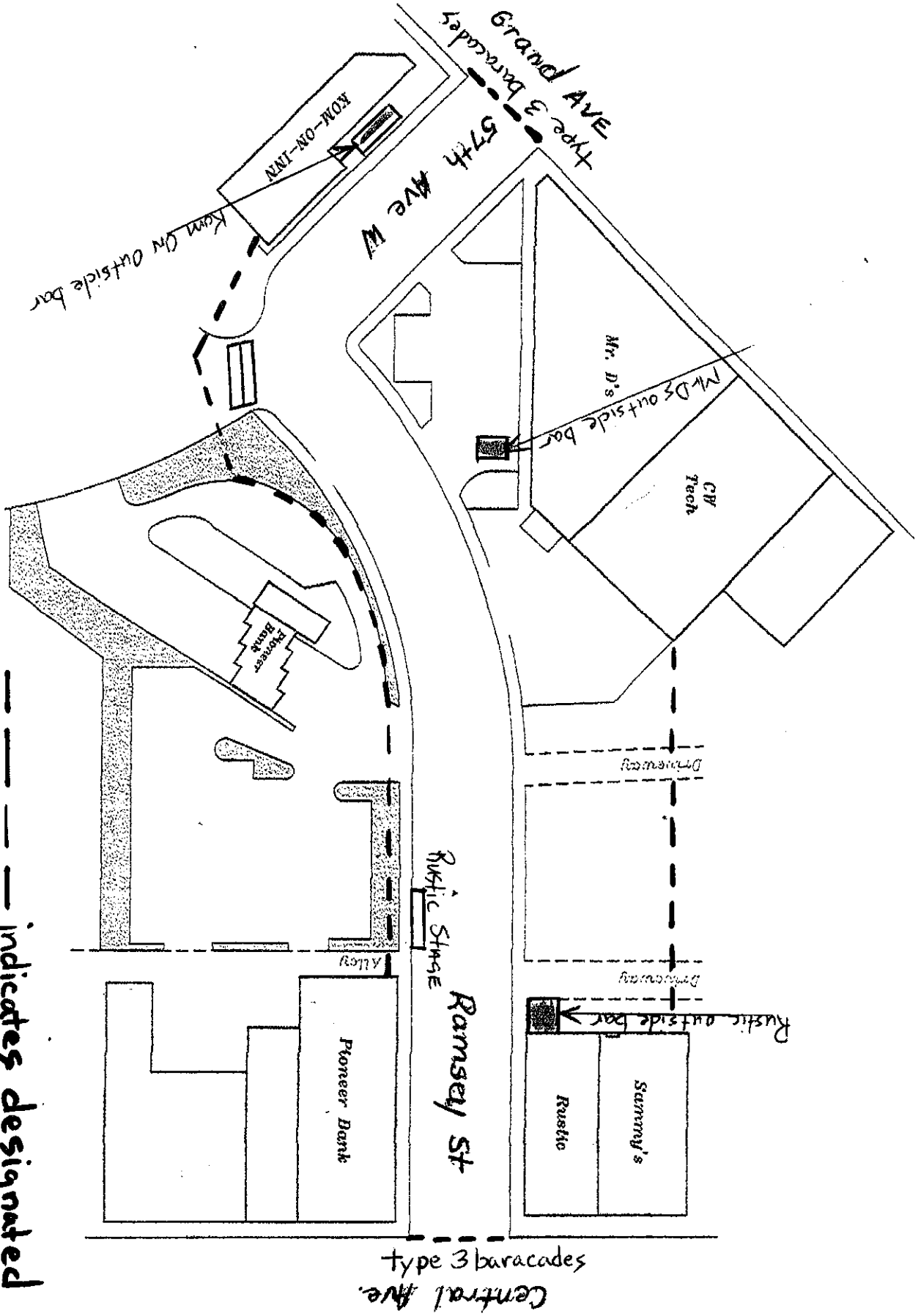
John S Omundson
Signature of Applicant

MAILING ADDRESS:

SAME AS ABOVE

EMAIL: LITTLEJOHNNY0@MSN.COM

Would you like notifications via email? YES NO



--- indicates designated
Serving area

--- orange snafence, guarded
by DP and APS Security



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	
DATE	_____
LICENSE #	_____

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$ —
TOTAL: \$358.00	

LICENSEE CORP NAME & BUSINESS ADDRESS:
Historic Union Depot Corp.
506 W. Michigan Street
Duluth, MN 55802

D/B/A or TRADE NAME:
The Depot

** MANAGER'S NAME & ADDRESS & PHONE #
Ken Buchler
506 W. Michigan
733-7590

CELL OR BUSINESS PHONE
 NO. 733-7590

** EVENT LICENSE PERIOD: Sept. 3, 2015
 **RAIN DATE: YES ___ NO
 IF YES, DATE: _____

NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next month's meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.
- SECURITY:** Supply information to the License Inspector @ 730-5421.
- HEALTH DEPT:** An application must be on file with the State Health Dept., for the serving of food and alcohol at 218-302-6166 or 218-302-6184.

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.

Signature of Applicant

MAILING ADDRESS:
HUOC
506 W. Michigan
Duluth, MN 55802

Date of Application _____

License No. _____

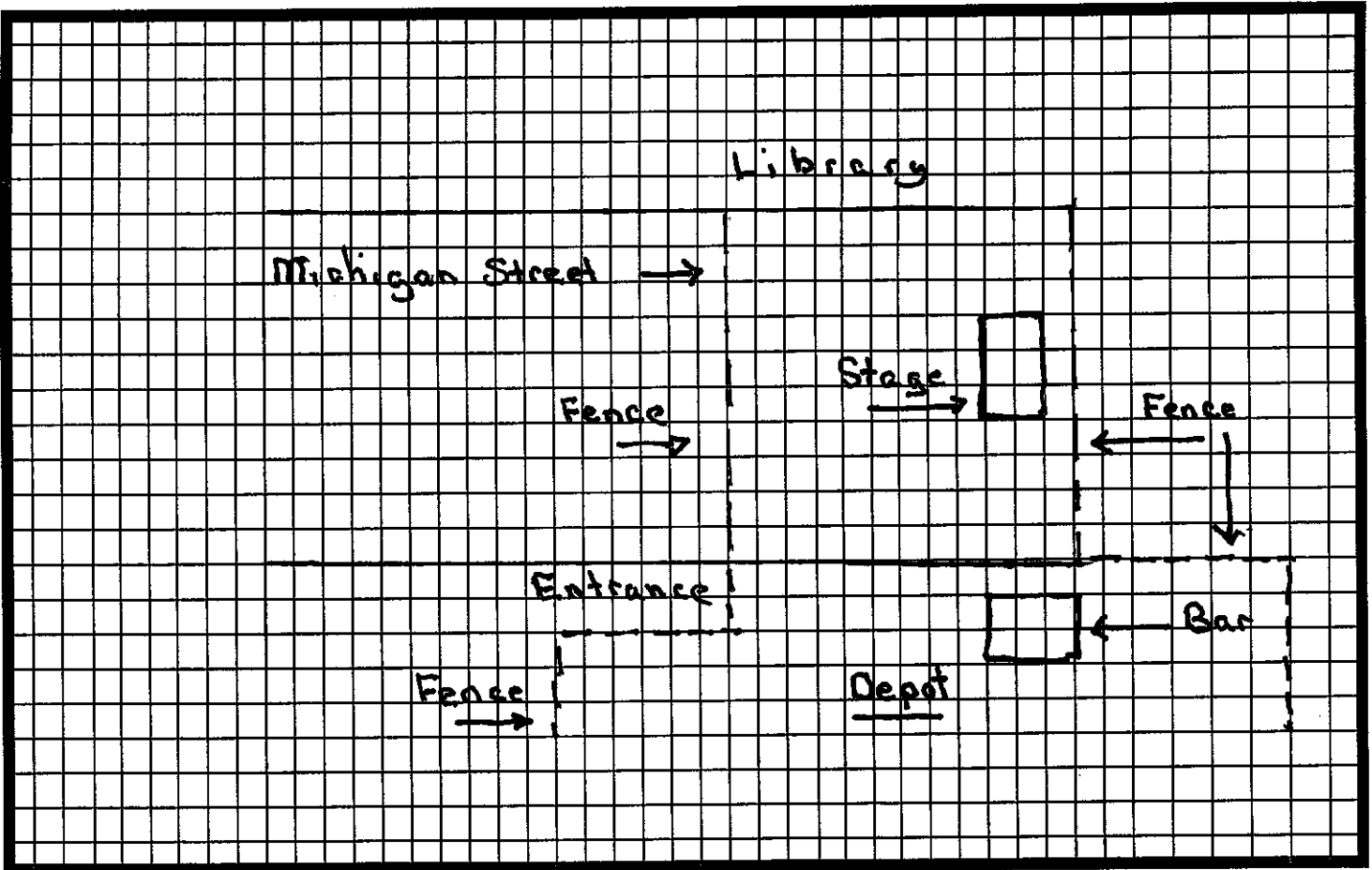
TEMPORARY EXPANSION OF LICENSED PREMISES (GRAPH)

Owner: St. Louis County (d/b/a)*Trade Name: The Depot
Date of Event: Sept 3, 2015 *Address 506 W. Michigan St.
*Name of Event: Mayor's PRIDE Reception *Time of Event: 4-7PM
*Security Personnel: Yes *Firm: Private Protective Services

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".

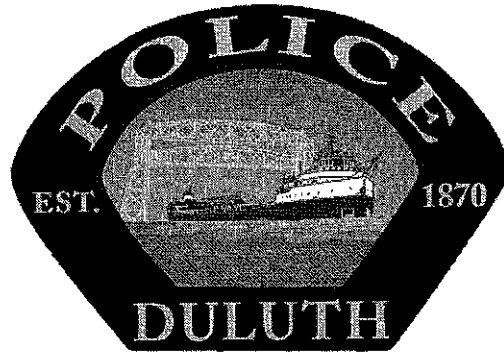
Sketch location and dimensions of area to be occupied. Indicate north on diagram. (NORTH)



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN 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 fo the approved "designated serving area" identified here.

[Signature]
Signature of owner/authorized representative

Extra Duty Police Services Application
Attn: Officer Jim Hansen
Duluth Police Department
411 West First Street
Duluth, MN 55802
(218) 390-2232
Fax 218-730-5910



Name of Business/
Organization/Event: Historic Union Depot / Mayor's PRIDE Reception

Date(s)
Of Service: Sept 3, 2015 Hours: 4-7PM

Location: 506 W. Michigan Street

Number of
Officers: _____ Duties: _____

Contact
Person: Ken Buehler Position: Ex. Director

Contact
Address: 506 W. Michigan City: Duluth Zip: 55802

Contact
Phone: 733-2590 Billing
Phone: Same

Billing
Name: Historic Union Depot

Billing
Address: 506 W. Michigan City: Duluth Zip: 55802

Federal ID # or Social Security #: _____

NOTICE TO APPLICANTS

The officers are at all times subject to the policies of the City of Duluth, the laws and Constitution of the United States and the state of Minnesota, and the rules and regulations governing employees of the Duluth Police Department (DPD). A Applicant has no authority over police personnel and is restricted to providing only a general assignment of duties to be performed by the officer. Those assignments never supersede DPD policy or procedures and the Applicant is hereby so advised. Extra duty officers remain under the exclusive control of the City and are accountable for strict adherence to its rules and regulations. Any conflicting rules of the Applicant will be disregarded. The officer shall refuse to perform any duties deemed to be in conflict with the guidelines established by DPD. As determined by the Department, officers may be recalled from extra duty to on duty status. This application is for law enforcement work only and does not exempt Applicants from obtaining other necessary permits for events. The City of Duluth Police Department is NOT obligated to provide extra duty services. The City reserves its right to deny an application for extra-duty officers.

DPD officers are not permitted to receive cash from Applicant for any reason whatsoever.

I have read and understand the Extra Duty Application:

[Signature]
Applicant

10-24-15
Date

Return to Officer Jim Hansen at above address, or email to: jhansen@duluthmn.gov



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
 DATE 6/24/15
 LICENSE # 760176

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 APPLICATION

LICENSE

TEMPORARY ON SALE LIQUOR 1st Day
 Each additional day ___ x \$148.00 =
 LEVEL 1 INVESTIGATION FEE (one time)

FEE

\$298.00
 \$
 \$ 31.00

TOTAL

\$ 298.00
 \$
 \$ ~~3100 (?)~~
 329.00
 298.00

LICENSEE NAME/ADDRESS/PHONE NO.

LAKE SUPERIOR BREWING CO, LLC
Bayfront Park
Duluth, MN 55806

TRADE NAME:

Twin Ports Bridge Fest

BUSINESS

PHONE: 218-723-4000

MANAGER'S NAME & ADDRESS

DALE KLEINSCHMIDT
2711 W. SUPERIOR ST
DULUTH, MN 55806

OWNER OF BUSINESS PREMISES:

BAYFRONT FESTIVAL PARK- CITY OF
DULUTH

PHONE: 218-723-4000

BRIDGE FEST
LICENSE/EVENT DATE: SEPT. 11, 2015

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

Mailing Address:

Jaqueline R. Hanz
 Signature of Applicant

Date of Application _____

License No. _____

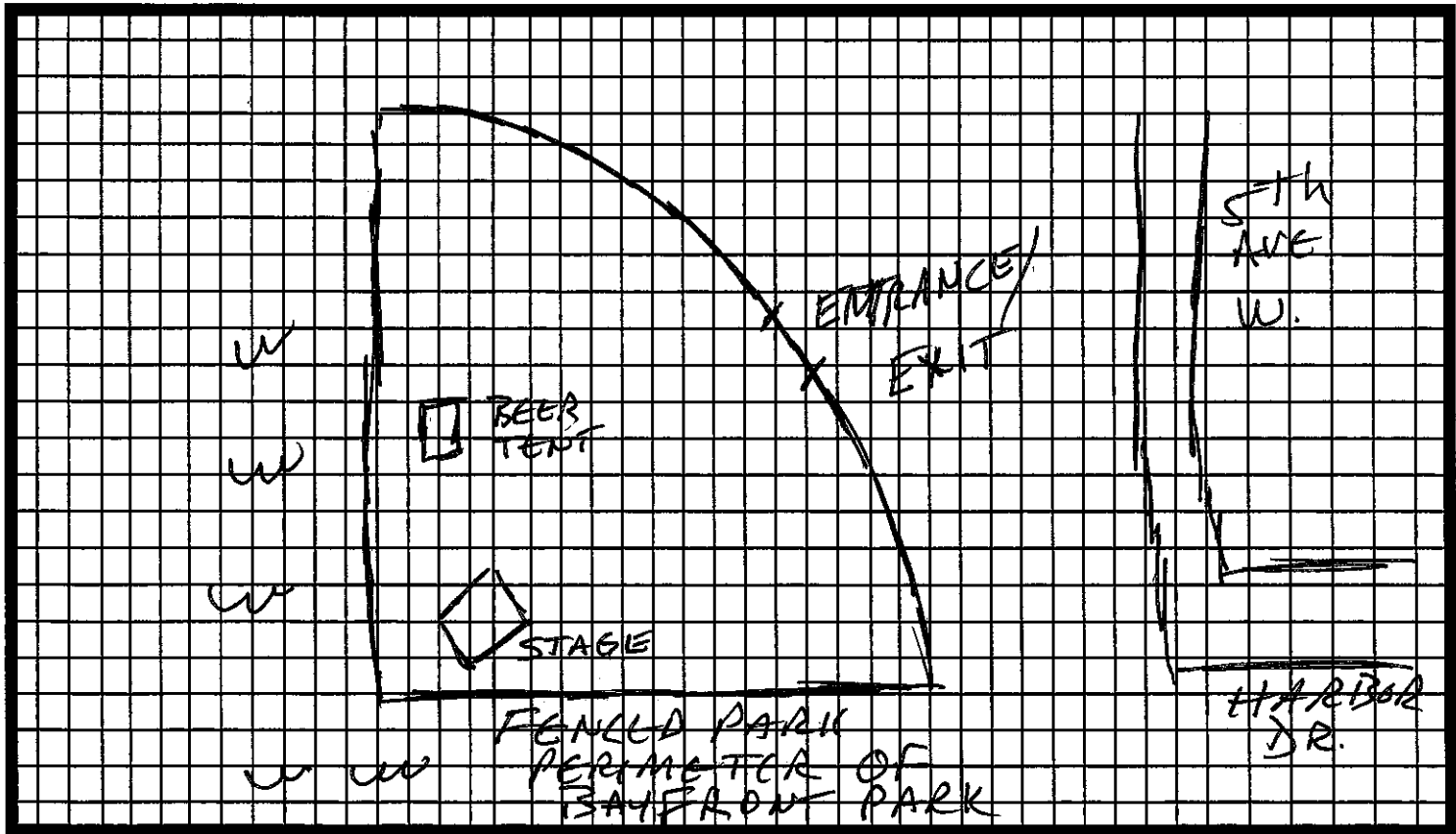
TEMPORARY ON SALE LIQUOR (GRAPH)

*Owner: Lake Superior Brewing Co. (d/b/a)*Trade Name: _____
*Date of Event: SEPT. 11, 2015 Address BAYFRONT FESTIVAL PARK
*Name of Event: TWIN PORTS BRIDGE FEST *Time of Event: 3 pm - 11 pm
*Security Personnel: DULUTH P. D. *Firm: _____

DIAGRAM MUST SHOW:

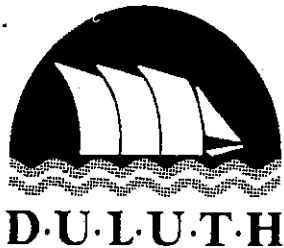
- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used. (Snow fence is preferred.)
- D. Where the bar will be located in the "serving area".
- E. Exits and entries to and from the "serving area".

Sketch location and dimensions of area to be occupied. Indicate north on diagram. (NORTH)



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of MN 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 fo the approved "designated serving area" identified here.

Paul R. Hays



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

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: LAKE SUPERIOR BREWING CO., LLC
2. Trade Name: N/A
3. Address of place to be licensed: BAYFRONT FESTIVAL PARK
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) INSIDE FENCED PERIMETER
5. Name and address of owner of building: CITY OF DULUTH
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:
DALE KLEINSCHMIDT, HEAD BREWER. 2711 W. SUPERIOR ST DULUTH MN 55806
7. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
DONALD + JO ANN HAG: 55.1% JOHN JUDD + KAREN OLESEN: 25.5%
DALE KLEINSCHMIDT: 15.4%
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
1 mile
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: NONE

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

Signature: Judd R. Haag Date: 6/24/15
Signature: Jo Ann R Haag Date: 6/24/15



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 Duluth, Minnesota 55802-1189
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FOR OFFICE USE ONLY	
DATE _____	
LICENSE # _____	

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 APPLICATION

LICENSE	FEE
"Permanent Expansion" of Designated Serving Area:	\$119.00

LICENSEE NAME & ADDRESS:

Lake Superior Brewing Co., LLC
2711 W. Superior St
Duluth, MN 55806

TRADE NAME:

N/A

BUSINESS PHONE

NO. 218-723-4000

MANAGER'S NAME & ADDRESS

DALE KLENSCHMIDT
2711 W. Superior St
Duluth, MN 55806

LICENSED PERIOD: ENDING 8/31/15

COMMENTS: INCLUDE AN EXPLANATION OF AREA TO BE EXPANDED ON ATTACHED FORM.

OCCASIONAL USE OF EXTERIOR SPACE NOTED ON DRAWING. TO BE FENCED
WHEN IN USE.

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

MAILING ADDRESS:

Dale R. Henry
Signature of Applicant

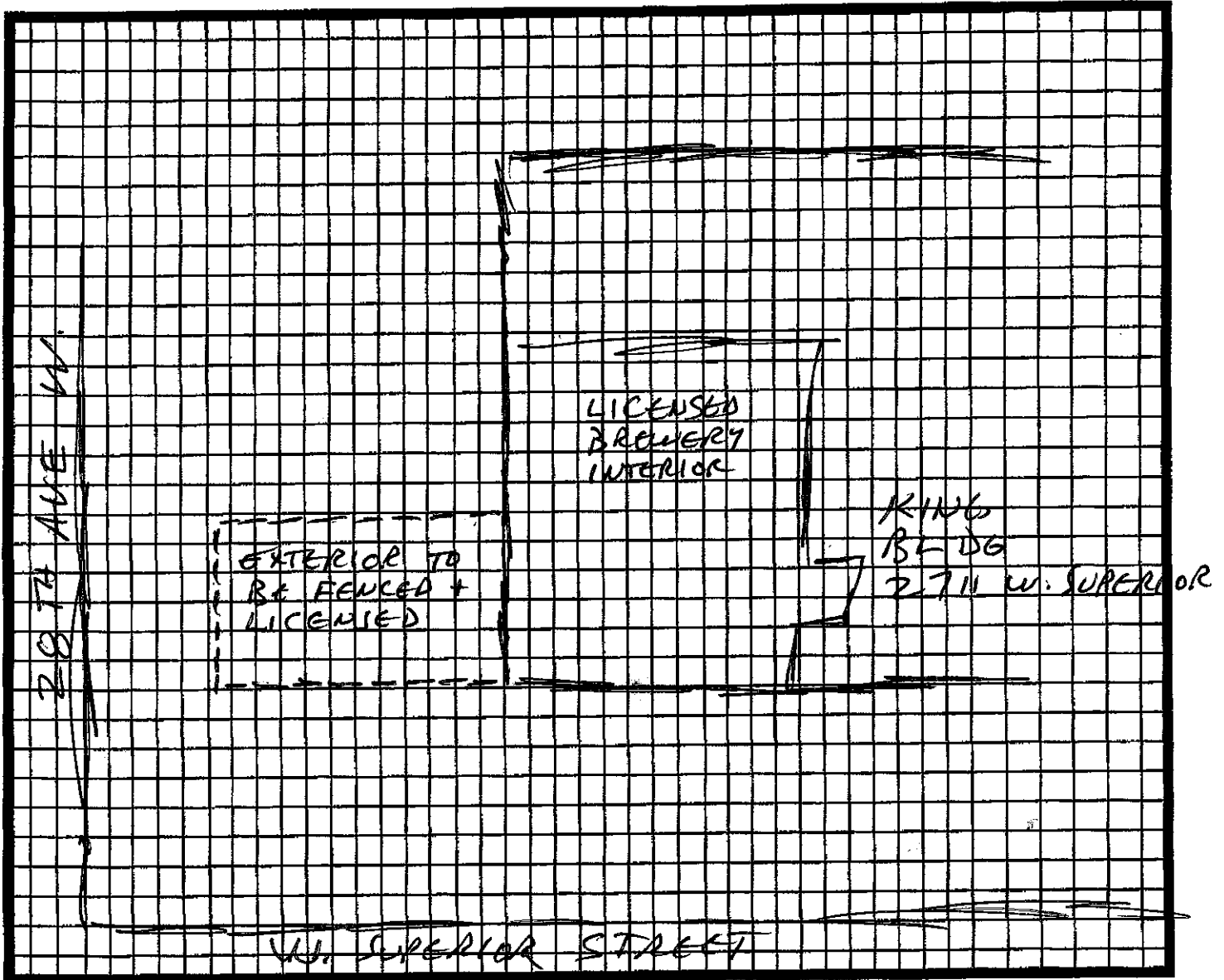
Date of Application: 6/24/2015

License No. _____

Trade Name: LAKE SUPERIOR BREWING CO, LLC

Address: 2711 W. SUPERIOR ST DULUTH MN 55806

PERMANENT EXPANSION OF LICENSED PREMISES (GRAPH)



- SEE ATTACHED DIAGRAM FOR DETAIL

John R. Hoag
Signature of owner/authorized representative

LAKE SUPERIOR BREWING CO.

BREWERY
INTERIOR =
LICENSED
SPACE

EXTERIOR LOADING
DOCK AREA IS
APPROX 30' x 50'
TO BE ENCLOSED BY
SNOW FENCE WHEN
IN USE

OVERHEAD
GARAGE
DOOR

PEDESTRIAN
DOOR

MAIN
ENTRANCE

OFFICE
(NOT
LICENSED)

KIND BUILDING
2711 W. SUPERIOR

28TH
AVE
W.

W. SUPERIOR ST.



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FOR OFFICE USE ONLY	
DATE _____	
LICENSE # _____	

LICENSE APPLICATION

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LICENSE	FEE
ON SALE SUNDAY LICENSE =	\$178.00
TOTAL	\$ 178.00

Bent Paddle Brewing Co
 LICENSEE CORP NAME/BUSINESS ADDRESS:
1912 W. Michigan St
Duluth, MN 55806

D/B/A or TRADE NAME: N/A

CELL OR BUSINESS PHONE NO. 218.279.2722
x302

MANAGER'S NAME & ADDRESS & PHONE #

OWNER OF BUSINESS PREMISES:
Karen Tonnis, Bryon Tonnis
Laura Mullen, Colin Mullen

For Office Use Only
 Plat/Parcel: _____

LICENSE PERIOD: ENDING 8/31/2015

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

[Signature]
 Signature of Applicant

MAILING ADDRESS:

EMAIL: Karen@bentpaddlebrewing.com

Would you like notifications via email? YES NO



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

ANNUAL ALCOHOLIC BEVERAGE LICENSE UPDATE

THIS FORM MUST BE COMPLETELY AND ACCURATELY EXECUTED OR YOUR LICENSE WILL NOT BE ISSUED.

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: Bent Paddle Brewing Company (S-corp)
2. Trade Name N/A
3. Address of place to be licensed 1912 W. Michigan St. Duluth, MN 55806
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) ground floor
5. Who directs the operation of the business or serves as manager on the premises? 4 owners:
Karen Tonnis, Bryon Tonnis, Laura Mullen, Colin Mullen
6. List, if corporation all stockholders, directors, officers and percentage or number of shares owned; if partnership or limited partnership, the name of each partner and percentage of ownership. " "

Failure to answer all questions truthfully on this application and attached Exhibit "a" 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 & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their limits.

Signature: _____

[Handwritten Signature]

Date: _____

6/23/15

Signature: _____

[Handwritten Signature: Laura S.F. Mullen]

Date: _____

6/23/15