



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

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 |
|---|----------------|
| <p align="center">BANNER - SKYWALK = <i>Skywalk to be used is from the Lyric Block to the Wells Fargo Bank (Third Avenue West & Superior Street)</i></p> | \$59.00 |

LICENSEE NAME/ADDRESS/PHONE NO.

TRADE NAME: _____

BUSINESS PHONE: _____

OWNER OF BUSINESS PREMISES: CITY OF DULUTH

MANAGER'S NAME/ADDR/PHONE NO.

LICENSE PERIOD: _____

Two week period/one side facing east or west.

Call Clerk's Office for scheduling of dates.

Insurance and Bond are required.

Banner Facing East Side Facing West Side

[Check with the Clerk's Office for scheduling]

Message on the Banner: _____

Name of Installer: _____

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:

