



**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

<b>FOR OFFICE USE ONLY</b>
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
BANNER (other than skywalk) =	\$88.00

LICENSEE NAME/BUSINESS ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

OWNER OF BUSINESS PREMISES: CITY OF DULUTH

MANAGER'S NAME/ADDR/PHONE NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE PERIOD: \_\_\_\_\_

NAME OF INSTALLER:

\_\_\_\_\_

MESSAGE:

\_\_\_\_\_

**\$500 BOND OR CERTIFIED CHECK AND GENERAL LIABILITY INS. \$300,000/\$50,000 MUST BE FILED.**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_