



City of Duluth

City Treasurer

411 West First Street • Room 105 • Duluth, Minnesota • 55802-1190
 Telephone: 218-730-5350 • Fax: 218-730-5917 • www.duluthmn.gov

An Equal Opportunity Employer

Permit Number	
Date of Permit	
A. Filing Status	
B. Location Code	
C. Industry Code	

Treasurer's Office Use Only

APPLICATION FOR CITY OF DULUTH TOURISM TAX PERMIT

Please PRINT or TYPE

1. Reason for Applying: New Business Purchasing a Going Business Name or Entity Change Other (Specify)

Type of Permit(s) Applied for: Food and Beverage Lodging

2a. BUSINESS ORGANIZATION NAME		3. BUSINESS CONTACT INFORMATION		4. DATE OF FIRST TAXABLE TRANSACTION IN DULUTH	
BUSINESS NAME		BUSINESS PHONE NUMBER			
ADDRESS		CELL PHONE NUMBER		5. THE BUSINESS RECORDS ARE IN THE CARE OF (NAME AND ADDRESS)	
CITY, STATE, ZIP		E-MAIL ADDRESS		NAME	
2b. BUSINESS LOCATION NAME (IF DIFFERENT FROM #2a)		WEBSITE ADDRESS / OTHER		ADDRESS	
BUSINESS NAME				CITY, STATE, ZIP	
ADDRESS		6. TYPE OF LEGAL ORGANIZATION			
CITY, STATE, ZIP		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Minnesota Corporation <input type="checkbox"/> Non-Minnesota Corporation (If foreign, give state where incorporated) _____ <input type="checkbox"/> Exempt Organization <input type="checkbox"/> Other _____			
2c. MAILING ADDRESS (IF DIFFERENT FROM #2a)		7. FEDERAL TAXPAYER IDENTIFICATION NUMBER:			
MAIL TO		_____			
ADDRESS		<input type="checkbox"/> Individual (Social Security Number): _____			
CITY, STATE, ZIP		8. PREVIOUS OWNER'S BUSINESS NAME AND PERMIT NUMBER, IF APPLICABLE:			
		9. WHAT IS YOUR MINNESOTA TAX IDENTIFICATION NUMBER?			

10. IS THE BUSINESS SEASONAL? YES - Opening Date _____ Closing Date _____ NO

11. WILL YOU BE MAKING TAXABLE SALES FROM MORE THAN ONE LOCATION IN DULUTH? YES - Give number of locations _____ NO

12. LIST OF OWNERS, PARTNERS OR PRINCIPAL OFFICERS AND HOME ADDRESS

FULL NAME	TITLE	STREET ADDRESS	CITY, STATE, ZIP	HOME PHONE	SOCIAL SECURITY#

I hereby certify that the above information is true and correct.

Signature: _____ Title: _____ Date: _____

REPORT ANY CHANGE IN THIS APPLICATION TO US PROMPTLY. NO APPLICATION FEE REQUIRED.

A separate application must be completed for each location making taxable sales.

Upon receipt of this completed application, an identification number will be issued to you and the necessary reporting information will be provided.

Any questions you have concerning this application may be answered by writing to the mailing address shown at the right, by telephoning (218) 730-5350 or by E-mailing treasury@duluthmn.gov.

Submit via E-mail (button below) or Mail this application to:

City of Duluth
 Treasurer's Office
 411 W 1st Street, Room 105
 Duluth, MN 55802

YOU MAY SUBMIT ELECTRONICALLY IF YOUR VERSION OF ADOBE IS FULLY UP TO DATE. IF YOU HAVE PROBLEMS WITH DOING SO; PLEASE PRINT, SIGN, AND SUBMIT BY MAIL.