

DATE _____

LICENSE # _____



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

LICENSE APPLICATION

<u>LICENSE</u>	<u>TOTAL FEE</u>
1 Day Temporary Consumption & Display Permit	\$ 25.00

<p>LICENSEE NAME/ADDRESS/PHONE NO.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>CONTACT'S NAME/ADDR/PHONE NO.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Email Address: _____</p>	<p>OWNER OF BUSINESS PREMISES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>DATE OF EVENT: _____</p> <p>IS LICENSEE A NON-PROFIT ORGANIZATION?</p> <p style="text-align: center;">YES NO</p> <p>Please note: There are only 10 One Day Consumption and Display Permits issued per year and they are processed on a first come, first served basis.</p>
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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.

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 (If different than licensee):

Signature of Applicant