

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 # _____	

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 LIQUOR TRANSFER
 LEVEL 4 INVESTIGATION FEE (ONE TIME)

\$358.00
209.00

Total \$567.00

LICENSEE NAME/ADDRESS/PHONE NO.:

BUSINESS NAME/ADDRESS/PHONE NO.:

MANAGER'S NAME/ADDR/PHONE NO.

OWNER OF BUSINESS PREMISES:

LIQUOR: PLAT/PARCEL: _____

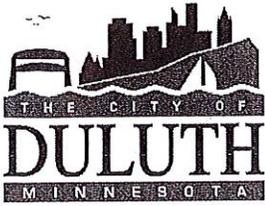
LICENSE PERIOD: 9/1 - 8/31/

TRANSFERRED FROM:

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.

MAILING ADDRESS:

 Signature of Applicant



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

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: _____
2. Trade Name: _____
3. Address of place to be licensed: _____
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) _____
5. Name and address of owner of building: _____
- Any connection with applicant? _____ Who receives the rent: _____
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title: _____
- 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: _____
9. State approximate distance of this establishment from nearest academy, college, university, church or school: _____
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: _____

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: _____ Date: _____

Signature: _____ Date: _____

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, fill out 1-4, and 11 & 12 on reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant _____
(Individual, Partnership, Corporation or Club)

2. Address of licensed premises _____

3. Your Name _____
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address _____
(Address) (City) (County) (State) (Zip)

5. Other home addresses
in last 10 years: _____

6. Other names you are, or have been known by, including maiden name: _____

7. Your position in the business: _____
(Owner, partner, president, treasurer, manager, etc.)

8. (a). Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No _____.

(b). Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No _____.

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest.

9. Furnish the names and addresses of at least three business references, including one bank reference:

(1) _____

(2) _____

(3) (Bank) _____

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes _____ No _____.

If yes, why _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes _____ No _____

If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes ___ No ___

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages? Yes ___ No ___

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

(WITNESS)

(DATE)

(APPLICANT'S SIGNATURE)

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

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(WITNESS)

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I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

(WITNESS)

(DATE)

(APPLICANT'S SIGNATURE)

AFFIDAVIT/APPLICATION
CONDITIONAL OFF SALE INTOXICATING LIQUOR LICENSE

As authorized by MS 340A.408 Subd 3, and the Duluth City Council Resolution 07-0723, the named Off Sale Intoxicating Liquor licensee makes application for a "Conditional Off Sale Intoxicating Liquor license" under the terms and conditions stated as follows:

1. The licensee agrees to have a private vendor train all employees within 60 days of hire and annually thereafter in laws pertaining to the sale of alcohol, the rules for identification checks, and the responsibilities of establishments serving intoxicating liquors.

Documentation of training for staff must be filed in the City Clerk's office at the time of submitting this application.

2. The licensee agrees to post a policy requiring identification checks for all persons appearing to be 30 years old or less.

This policy needs to be filed in the City Clerk's office at the time of submitting this application.

3. A cash award and incentive program is established by the licensee, to award employees who catch underage drinkers, and a penalty program is established to punish employees in the event of a failed compliance check.

This cash awards and incentive program needs to be filed in the City Clerk's office at the time of submitting this application.

I hereby affirm and under penalty of perjury, understand the aforementioned terms and conditions of a "Conditional Off Sale Intoxicating Liquor License" and that any false statements and failure to comply with the terms & conditions can and will be grounds for revocation of the Off Sale Intoxicating License I am granted.

Licensee _____
(Owner/Corporation Name)

Trade Name _____
(d/b/a)

Authorized Representative _____ Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number
POLICY NO.	EFFECTIVE DATE
	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

Date _____



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555
 WWW.DPS.STATE..MN.US



APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

Workers compensation insurance company. Name _____ Policy # _____

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # _____

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____	Applicant's Home Phone #	
City	County	State	Zip Code
Name of Store Manager	Business Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

- If a corporation, date of incorporation _____, state incorporated in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
- Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No If yes state approximate distance. _____
- Name and address of building owner: _____
 Has owner of building any connection, directly or indirectly, with applicant? Yes No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
 Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome. _____
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

- Check one
- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title	Signature of Applicant	Date
---------------------------------	------------------------	------

REPORT BY POLICE/SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature
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PS 9136-(2009)

County Attorney's Signature _____

IMPORTANT NOTICE

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.
For information call (513) 684-2979 or 1-800-937-8864



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 222
St. Paul, MN 55101-5133
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	

PS 9135 (12/09)

PLEASE COMPLETE THE BOTTOM 3 LINES OF THIS FORM

MAKE CHECK PAYABLE TO: ALCOHOL AND GAMBLING ENFORCEMENT



REQUIREMENTS FOR LIQUOR LIABILITY INSURANCE CERTIFICATE

**This form is a reference document and does not need to be submitted with your application.*

Certificate cannot be pending, a binder, or TBA.

CERTIFICATE OF LIABILITY INSURANCE

The Legal/Corporate name must match EXACTLY (word for word) to the Approved Licensed Name (including Inc. or LLC), Trade Name (DBA), and address of licensed premises.

Minn. Stat. 340A.409: Liquor Liability insurance policy number must be included on certificate with coverage dates identical to the license period or must state: "Coverage is continuous until canceled."

Minimums:
Personal Injury or Death:
\$50,000/\$100,000

Property Damage:
\$10,000

Other Pecuniary Loss:
\$50,000/\$100,000

Loss of Means of Support:
\$50,000/\$100,000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Agency	Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
City, State, Zip		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A:	
Legal Name and DBA here Premises address		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDCSR (INSR WVD)	POLICY NUMBER	POLY (MM/DD/Y)	POLICY (MM/DD/Y)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC					MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB					WC STATUTORY LIMITS OTHER
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			
	Liquor Liability must be explicitly listed					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

City of Duluth should be listed as a certificate holder, and must receive notice from the insurance company at the same time a cancellation request is received from or a notice is sent to the insured.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Original Signature or stamp of agent.	AUTHORIZED REPRESENTATIVE