



**City Clerk's Office**

Room 318  
411 West First Street  
Duluth, Minnesota 55802-1189



218-730-5500  
218-730-5923 Fax

**APPLICATION**

**LIQUOR LICENSE APPLICATION CHECKLIST**

Applicant is required to attend the Alcohol, Gambling, and Tobacco Commission (AGTC) meeting, which meets the first Wednesday of each month. Application and fee to be filed in the City Clerk's Office one week prior to the meeting.

The AGTC will make a recommendation to the city council for approval. The council's approval will be sent to the Alcohol, Gambling, and Tobacco Division (AGED) of the Minnesota Department of Public Safety. Upon approval, AGED will issue your buyer's card.

<b>TO BE TURNED IN WITH INITIAL APPLICATION</b>	
	<b>Fully Completed License Application:</b> Incomplete applications will not be accepted.
	<b>License Fee:</b> Refer to page 2. Check should be written to the City of Duluth.
	<b>Personal Supplemental Affidavit (multiple):</b> To be completed by each individual licensee, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, <b>and</b> the person who will be directing the operation of the business on the licensed premises. Three are attached.
	<b>MN DPS Alcohol &amp; Gambling Enforcement Certification form:</b> See Clerk's Office for correct form.
	<b>MN DPS Alcohol &amp; Gambling Enforcement Buyer's Card Application (attached)</b>
	<b>Buyer's Card Fee:</b> \$20 check made payable to AGED
<b>TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL</b>	
	<b>Certificate of Liquor Liability Insurance:</b> Coverage must run concurrent with the license period of September 1 through September 1 or state "Continuous Until Cancelled" – or – Dram Shop Insurance exemption (for On-Sale and Off-Sale 3.2 malt liquor licenses). Refer to example on page 4. □
	<b>Corporate documentation:</b> including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
	<b>Certificate of Workers Compensation Insurance (attached)</b>
	<b>MN Statute 270C.72 Tax Identification Form (attached)</b>
<b>TO BE DONE PRIOR TO FINAL APPROVAL</b>	
	<b>Sales Tax application filed with the City of Duluth Finance Office:</b> They are located on the first floor of City Hall (218-730-5350). If this is a transfer, the taxes must be paid in full (from previous owner) before license can be issued.
	<b>Health Department:</b> Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
	<b>Fire Department :</b> Approval and Certificate of Occupancy must be obtained by the Fire Department. Any issues of fire code violations must be taken care of before license can be issued. (218-730-4398)
	<b>Wine and Off Sale Liquor:</b> Call the State at 651-296-9519 for inspection of the site.
	<b>Property Taxes:</b> Must be paid up to date, prior years and current.
	<b>Purchase Agreement:</b> If a transfer, a copy of the signed Purchase Agreement is required before a resolution will be filed with City Council.

**TYPE OF LICENSE**  
**(Check all that apply)**

<u>License Type</u>	<u>Fee</u> <small>(including investigation fee)</small>	<u>License Type</u>	<u>Fee</u>
Off-Sale Intoxicating		Brewery Off-Sale	
On-Sale Intoxicating		Brewery Taproom On-Sale	
Sunday Liquor		Microdistillery Off-Sale	
Wine (Includes Sunday)		Microdistillery Cocktail Room	
3.2% Malt Liquor: On-Sale		Consumption and Display	
3.2% Malt Liquor: Off-Sale		Liquor License Transfer Only	
Special Club Liquor	Calculated by Clerk's Office	On Sale Theater	
Dancing		2:00 A.M. (Issued by State)	Calculated by State
Additional Bar (each)		After Hours Entertainment	
<b>TOTAL DUE:</b>			

<b>BUSINES INFORMATION</b>				
Name of applicant (name of individual, partnership, corporation or association):				
Applicant Address:				
City:		State:		Zip:
Applicant Phone:		Applicant Email Address:		
Business Name/dba:				
Business Address:		City	MN	Zip
Business Phone:				
Minnesota Tax ID Number:		Federal Tax ID Number:		
List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:				
State approximate distance of this establishment from nearest academy, college, university, church, or school:				
Who will direct the operation of the business or serve as a manager on the premises?				
Full Name:		Phone Number:		

<b>BUILDING OWNER INFORMATION</b>			
Full Name:		Phone Number:	
Address:			
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.			
<b>DESCRIPTION OF PROPOSED BUSINESS:</b>			
What is the seating capacity of the restaurant?			
Indoor Seating:		Outdoor Seating:	
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)			
Will serving of prepared food occur at this site?		Yes	No
<i>If yes, please attach license from MN Department of Health.</i>			
List date you desire to start serving liquor:			
<b>NOTE: The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine is September 1 – August 31.</b>			
Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" 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 changes 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 to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.			
Signature:		Date:	
Signature:		Date:	

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.



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**APPLICATION**

**PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE**

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

**NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.**

1. Name of applicant (individual, partnership, corporation or assoc.)		2. Trade Name (DBA)	
3. Address of Licensed Premises			
4. Business Phone		5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)		7. Place of Birth (City & State, or City & Country if outside U.S.)	
8. Date of Birth (MM/DD/YYYY)		9. Email	
10. Home Address			
11. Social Security Number (SSN)		12. Driver's License or ID Number & Issuing State	

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To

14. Have you ever been known by any other name than the one listed on this application?

Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
No	

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

Yes*	*If Yes, why?
No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
No	

20. 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

**DATA PRIVACY ADVISORY**

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

**This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.**

Individual \_\_\_\_\_  
Last Name
First Name
Middle Name

Also known as \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION**

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) \_\_\_\_\_, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION**

Signature of applicant completing affidavit \_\_\_\_\_ Date \_\_\_\_\_

Printed name of witness \_\_\_\_\_ Witness Signature \_\_\_\_\_



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1. Name of applicant (individual, partnership, corporation or assoc.)		2. Trade Name (DBA)	
3. Address of Licensed Premises			
4. Business Phone		5. Individual's Cell Phone	
6. Your Name (First, Middle, Last)		7. Place of Birth (City & State, or City & Country if outside U.S.)	
8. Date of Birth (MM/DD/YYYY)		9. Email	
10. Home Address			
11. Social Security Number (SSN)		12. Driver's License or ID Number & Issuing State	

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No	

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Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
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16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

Yes*	*If Yes, why?
No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
No	

20. 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

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Last Name
First Name
Middle Name

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**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION**

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Printed name of witness \_\_\_\_\_ Witness Signature \_\_\_\_\_



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<input type="checkbox"/> Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
<input type="checkbox"/> No	

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<input type="checkbox"/> No	

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<input type="checkbox"/> Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
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Yes*	*If Yes, why?
No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
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Last Name
First Name
Middle Name

Also known as \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION**

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**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION**

Signature of applicant completing affidavit \_\_\_\_\_ Date \_\_\_\_\_

Printed name of witness \_\_\_\_\_ Witness Signature \_\_\_\_\_

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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 number (if applicable) N/A	Business telephone number	Alternate telephone number
--	---------------------------	----------------------------

**Business name** (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

**DBA** ("doing business as" or "also known as" an assumed name), if applicable

<b>Business address</b> (must be physical street address, no P.O. boxes)	<b>City</b> Duluth	<b>State</b> MN	<b>ZIP code</b>
<b>County</b> St. Louis	<b>Email address</b>		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

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

### Print name

<b>Applicant signature (required)</b>	<b>Title</b>	<b>Date</b>
---------------------------------------	--------------	-------------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

## 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: N/A \_\_\_\_\_

### **Personal Information (if applicable)**

Applicants Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### **Business Information (if applicable)**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

MN Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 222  
St. Paul, MN 55101  
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 <b>CITY OF DULUTH</b>	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS	COUNTY <b>St. Louis</b>	BUSINESS PHONE	
CITY, STATE, ZIP CODE <b>Duluth, MN ZIP</b>	AUTHORIZED SIGNATURE		



# 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
Agency	Address	Phone (A/C, No, Ext):	Fax (A/C, No):
City, State, Zip		E-MAIL ADDRESS:	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		NAIC #	
<b>INSURED</b>		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	ADDCS INSR   W/D	POLICY NUMBER	POLY (M/D/Y)	POLICY (M/D/Y)	LIMITS
	<b>GENERAL LIABILITY</b>					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					PERSONAL & ADV INJURY \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
	GENL AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					GENERAL AGGREGATE \$
						PRODUCTS - COMPROP AGG \$
						AGGREGATE \$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED <input type="checkbox"/>					BODILY INJURY (Per accident) \$
	HIRED AUTOS <input type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
	Liquor Liability must be explicitly listed					E.L. DISEASE - POLICY LIMIT \$

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.
	AUTHORIZED REPRESENTATIVE

**Original Signature or stamp of agent.**