

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



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 222, St. Paul, MN 55101
651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY
TEMPORARY CONSUMPTION AND DISPLAY PERMIT**

(City or county may not issue more than 10 permits in any one year)

Name of organization		Date organized	Tax exempt number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>	
Name of person making application		Business phone	Home phone	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Date(s) of event	Type of organization			
<input type="text"/>	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name		City	State	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Location where permit will be used. If an outdoor area, describe.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

DULUTH

City or County approving the license

\$25.00

Fee Amount

Date Fee Paid

Date Approved

Permit Date

hurbaniak@duluthmn.gov

City or County Email Address

218-730-5404

City or County phone number

Signature City Clerk or County Official

Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US