




City Clerk

Room 318
411 West First Street
Duluth, Minnesota 55802

 218-730-5500

ANNUAL ALCOHOLIC BEVERAGE LICENSE UPDATE

THIS FORM MUST BE COMPLETELY & ACCURATELY EXECUTED OR YOUR LICENSE WILL NOT BE ISSUED.

1. Name of Applicant (individual, partnership, corporation, or association) that owns the business to be licensed: _____
2. Trade Name (DBA): _____
3. Address of place to be licensed: _____
4. Designated Serving Area(s) (i.e. ground floor, second, deck, etc.) _____
5. Who directs the operation of the business or serves as manager on the premises? _____

6. List, if a corporation, all stockholders, directors, officers, and percentage of shares owned; if a partnership or limited partnership, provide the names of each partner and their respective percentage of ownership.

Failure to fully answer all questions truthfully on this application and the (attached) personal supplemental affidavit(s), will be just cause for revocation of your license.

I, (print name) _____, hereby certify that the applicant will be the sole owner and operator of the business for which this license has been issued. I further certify that that I will notify the Duluth City Clerk's Office in writing of any change in ownership of this business before the change is made. I have read and understood the above information and 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 for perjury.

A signature is required in order to process this application

Signature: _____ Date: _____