



City of Duluth
 Finance Department
 411 West First Street | Room 120 | Duluth, MN 55802-1190
 p.218-730-5350 | Treasury@DuluthMN.gov | <https://duluthmn.gov/finance/>

APPLICATION FOR CITY OF DULUTH TOURISM TAX PERMIT

| 1. REASON FOR APPLYING | | 2. TYPE OF PERMIT(S) APPLIED FOR | 3. DATE OF FIRST TAXABLE TRANSACTION | | |
|---|-------|---|--------------------------------------|------------|-------------------|
| <input type="checkbox"/> New Business <input type="checkbox"/> Purchasing a Going Business <input type="checkbox"/> Name or Entity Change <input type="checkbox"/> Other (Specify) | | <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Lodging (Number of units _____) | | | |
| 4a. BUSINESS ORGANIZATION | | 4b. BUSINESS LOCATION (If different from 4a) | 4c. TOURISM TAX FILING CONTACT | | |
| Name: | | Name: | Name: | | |
| Address: | | Address: | Mailing Address: | | |
| City, State, Zip: | | City, State, Zip: | Mailing City, State, Zip: | | |
| Phone: | | Phone: | Phone: | | |
| E-mail: | | E-mail: | E-mail: | | |
| 5. TYPE OF LEGAL ORGANIZATION | | 6. PREVIOUS OWNER INFORMATION | | | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> MN Corporation <input type="checkbox"/> Exempt Organization <input type="checkbox"/> LLC <input type="checkbox"/> Non-MN Corporation (if foreign, give state where incorporated) _____ | | Name: | | | |
| Federal Taxpayer Identification Number: <input type="checkbox"/> Individual (Social Security Number): | | Address: | | | |
| Minnesota State Identification Number: | | Permit Number: | | | |
| 7. IS BUSINESS SEASONAL? | | 8. WILL YOU BE MAKING TAXABLE SALES FROM MORE THAN ONE LOCATION IN DULUTH? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes – dates _____ | | <input type="checkbox"/> No <input type="checkbox"/> Yes – Give Number of locations _____ | | | |
| 9. LODGING ONLY; HOW WILL YOUR BUSINESS TAKE RESERVATIONS? (Direct booking, VRBO, AirBNB, Craigslist, etc) | | | | | |
| | | | | | |
| 10. LIST OF OWNERS, PARTNERS, OR PRINCIPAL OFFICERS AND HOME ADDRESS | | | | | |
| FULL NAME | TITLE | STREET ADDRESS | CITY, STATE, ZIP | HOME PHONE | SOCIAL SECURITY # |
| | | | | | |
| | | | | | |

I hereby certify that the above information is true and correct.

Signature: _____ Title: _____ Date: _____

REPORT ANY CHANGES IN THIS APPLICATION TO US PROMPTLY. NO APPLICATION FEE REQUIRED.

A separate application must be completed for each location making taxable sales.

Upon receipt of this application, an identification number will be issued to you and the necessary reporting information will be provided. Any questions that you have regarding this application may be answered by writing to the mailing address shown at the right, by telephoning (218)-730-5350 or by E-mailing Treasury@DuluthMN.gov.

**Submit via E-mail to
 Treasury@DuluthMN.gov or mail to:**

City Finance Department
 411 W 1st St, Room 120
 Duluth, MN 55802