

DATE \_\_\_\_\_

LICENSE # \_\_\_\_\_



**CITY OF DULUTH**  
**CITY CLERK'S OFFICE**  
318 City Hall  
411 West First Street  
Duluth, Minnesota 55802-1189  
Phone (218) 730-5500

**LICENSE APPLICATION**

<u>LICENSE</u>	<u>TOTAL FEE</u>
1 Day Temporary Consumption & Display Permit	\$ 35.00

<p><b>LICENSEE NAME/ADDRESS/PHONE NO.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>CONTACT'S NAME/ADDR/PHONE NO.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Email Address:</b> _____</p>	<p><b>OWNER OF BUSINESS PREMISES:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>DATE OF EVENT:</b> _____</p> <p><b>IS LICENSEE A NON-PROFIT ORGANIZATION?</b></p> <p style="text-align: center;"><b>YES                      NO</b></p> <p><b>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.</b></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 1600, St. Paul, MN 55101  
651-201-7513 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	
[ ]		[ ]	[ ]	
Address		City	State	Zip Code
[ ]		[ ]	Minnesota	[ ]
Name of person making application		Business phone	Home phone	
[ ]		[ ]	[ ]	
Date(s) of event		Type of organization		
[ ]		<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
X [ ]		[ ]	Minnesota	[ ]
Add New Officer				

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

City or County approving the license	Date Approved
Fee Amount	Permit Date
Date Fee Paid	City or County Email Address
	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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**