

CITY OF DULUTH CITY CLERK'S OFFICE

318 City Hall ● 411 West First Street Duluth, Minnesota 55802-1189 Phone (218) 730-5500



FEE

\$150.00

\$ CORD

Type in your information by tabbing through the boxes below. Print all forms, sign and submit to the address listed above.

Dujuth MN 55806

LICENSE APPLICATION

LICENSE

TEMPORARY EXPANSION OF LICENSED PREMISES =

Plus \$50.00 EACH ADDITIONAL DAY =

	TOTAL:	\$ 150.00			
LICENSEE CORP NAME & BUSINESS ADDRESS:	D/B/A OR TRADE NAME: Duluth Cider				
Duluth Cider					
2307 W Superior St.	CELL OR BUSINESS PHONE NO. (218) 464- 111				
Duluth MN 55806					
MANAGER'S NAME & ADDRESS & PHONE #	EVENT LICENSE PERIOD: 10/11/25				
Valerie Scott					
2220 Vermilian Rd	RAIN DATE?	YES NO	ζ		
Duluth MN 55803	IF YES, DATE				
N	EW INFORMATION				
 PLEASE NOTE: All applications must be completed and submitted to the City Clerk's Office by the last Wednesday of the month in order to be placed on the agenda for the next meeting of the city's Alcohol, Gambling & Tobacco (AGT) Commission. The AGT Commission meets on the first Wednesday of every month. Incomplete applications or applications submitted without the corresponding application fee will be rejected. SECURITY: Applications are subject to review by the Duluth Police Department HEALTH DEPT: An application must be on file with the Minnesota State Health Department for the serving of food and alcohol (218-302-6166 or 218-302-6184). 					
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:					
Duluth Cider	Duluth Cider EMAIL: Valerie a duluth cider. com				
2307 W. Superior St	Would you like notifications via email? YES X NO				

Date of Application	
License No	

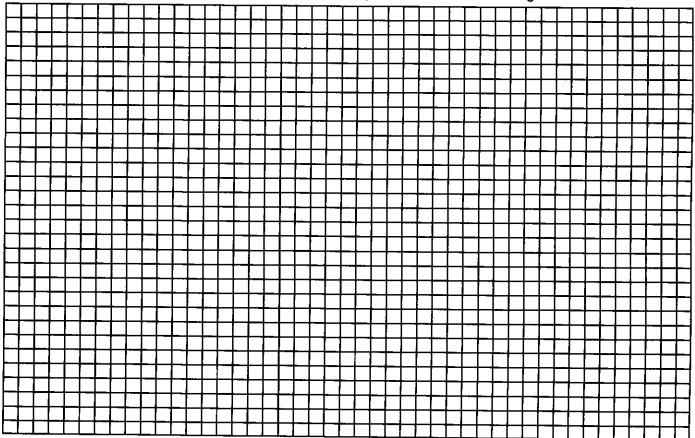
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Valerie Scott	(d/b/a) Trade Nam	ne: Dul	1th	Cider	
Date of Event: 10/11/25 Address:	2307 W				ath mv
Name of Event: Big Bid Angle Bash	Time	of Event: _	u Ar	n-6PM	
Security Personnel: Delice	Firm:		5 \	rut Clasure	94m-7
of Warning Light	- s				.(41)

DIAGRAM MUST SHOW:

- A. Area that will be used.
- B. Streets and intersections bordering the area.
- C. Where fencing surrounding the area will be located and what type of fencing will be used (snow fence is preferred).
- D. Where the bar will be located in the "serving area."
- E. Exits and entries to and from the "serving area."

Sketch location and dimensions of area to be occupied. Indicate north on diagram as "NORTH."



I hereby agree that I shall comply with all of the ordinances of the City of Duluth and laws of the State of Minnesota and their amendments. I further agree to comply with any special restrictions which may be imposed by resolution of the Duluth City Council and not to allow any services or consumption outside of the approved "designated serving area" identified here.

Signature of owner/authorized representative



Additional information is being required by the Duluth Police Department. An incomplete application will result in the delay or rejection of your application.

1. Is this the first time for this event?	Yes No 7				
If No, how many people attended this event	<u> ४०७</u>				
If Yes, how many people are you expecting to a	ttend?				
2. What kind of advertisement have you done?	cial media				
3. What is the age of the target group for this event?	Families/21+				
4. Will alcohol be sold or given away at this event?	Ves				
I understand that as the applicant for this permit/lice. Police/Security for this event. I will provide proof of hire scheduled event. Laler Applicant Signature	•				
For office use only					
Is a licensed Peace Officer needed for this event? _	· · · · · · · · · · · · · · · · · · ·				
If yes, how many licensed peace officers will be requ	iired?				