



**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

**FOR OFFICE USE ONLY**

DATE \_\_\_\_\_

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

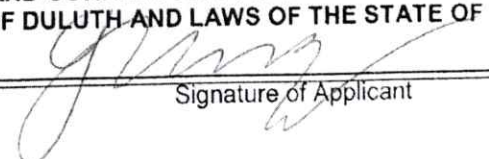
**LICENSE APPLICATION**

**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.

| <u>LICENSE(S) (check applicable)</u>   | <u>FEE</u>  |
|--|-------------|
| BREWERY MALT LIQUOR OFF SALE (GROWLER) | \$ 250.00 ✓ |
| BREWERY ON SALE (TAPROOM)              | \$ 300.00 ✓ |
| SUNDAY (Taproom only)                  | \$ 178.00 ✓ |
| 2:00 A.M. (Taproom only)               | NC          |
| INVESTIGATION FEE (one time)           | \$ 31.00 ✓  |
| <b>TOTAL</b>                           | <b>\$</b>   |

|   |  |
|---|--|
| <p><b>LICENSEE NAME, ADDRESS &amp; PHONE</b><br/>         Individual/Partnership/Corporation</p> <p>Camp Cider LLC<br/>         2515 W. Superior St<br/>         Duluth, MN 55806</p> | <p><b>BUSINESS NAME, ADDRESS, &amp; PHONE:</b></p> <p>Wild State Cider<br/>         2515 W. Superior St<br/>         Duluth MN 55806<br/>         218-606-1191</p> |
| <p><b>MANAGER'S NAME/ADDR/PHONE NO.</b></p> <p>David Fitch<br/>         2515 W. Superior St.<br/>         Duluth, MN 55806<br/>         218-256-2771</p>                              | <p><b>OWNER OF BUSINESS PREMISES:</b></p> <p>John Mahan<br/>         715-394-5536</p>  |
| <p><b>LICENSE PERIOD: <u>Ending August 31, 2019</u></b></p>   |  |

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.

  
 \_\_\_\_\_  
 Signature of Applicant

Mailing Address:

2515 W. Superior Street  
 Duluth MN 55806