

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

FOR OFFICE USE ONLY	
DATE	_____
LICENSE #	_____

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

LICENSE APPLICATION

LICENSE	FEE
TEMPORARY EXPANSION OF LICENSED PREMISES =	\$150.00
PLUS \$50.00 EACH ADDITIONAL DAY =	\$ —
TOTAL:	\$ 150.00

LICENSEE CORP NAME & BUSINESS ADDRESS:

Duluth Cider
2307 W Superior St.
Duluth MN 55806

D/B/A OR TRADE NAME: Duluth Cider

CELL OR BUSINESS PHONE NO. (612) 201-5164

MANAGER'S NAME & ADDRESS & PHONE #

Valerie Scott
2220 Vermilion Rd
Duluth MN 55806

EVENT LICENSE PERIOD: 5/27/25

RAIN DATE? YES NO

IF YES, DATE: _____

NEW 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.

Valerie Scott
 Signature of Applicant

MAILING ADDRESS:

Duluth Cider
2307 W Superior St
Duluth MN 55806

EMAIL: Valerie@duluthcider.com

Would you like notifications via email? YES NO

Date of Application _____
 License No. _____

TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

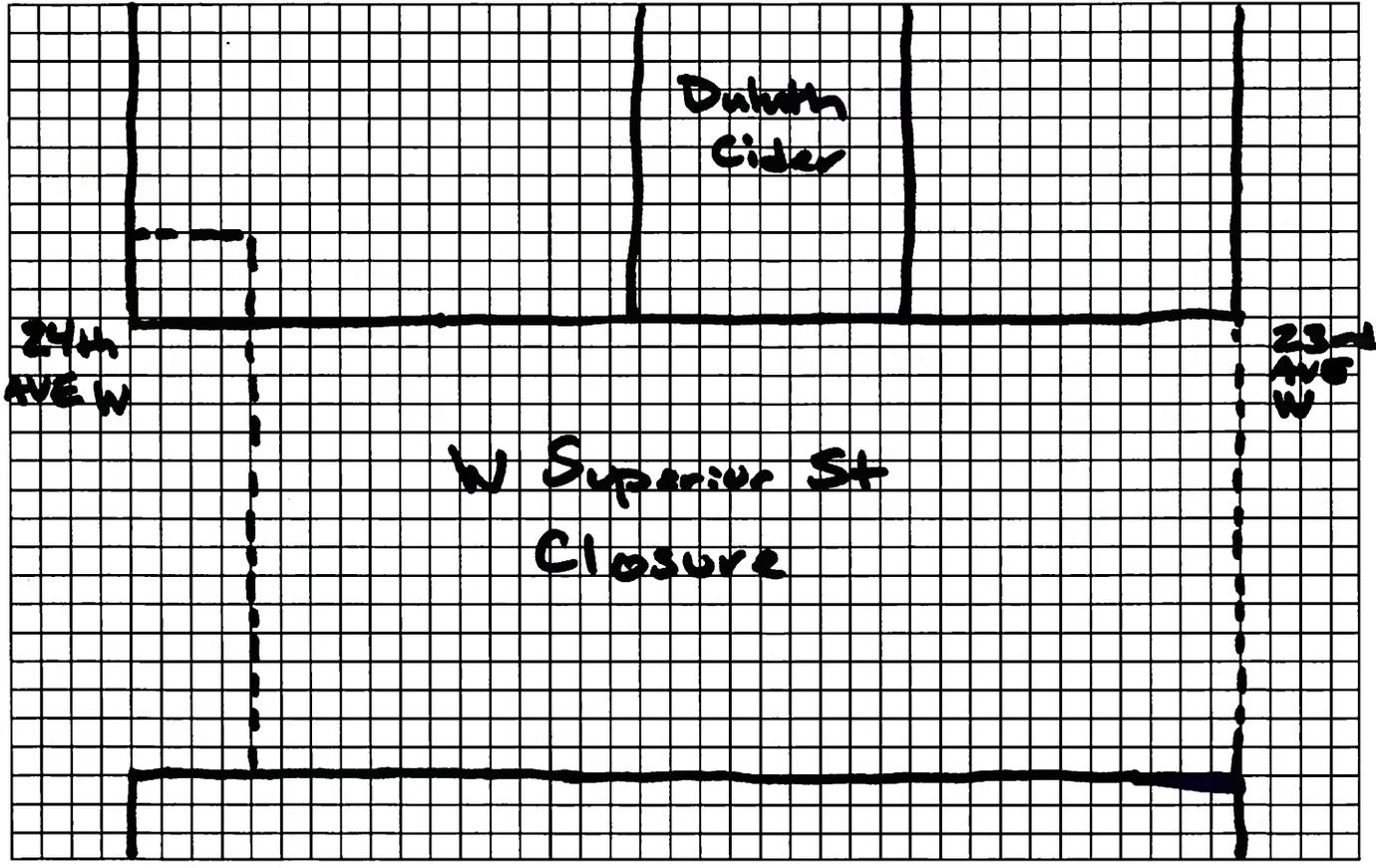
Owner: Duluth Cider (d/b/a) Trade Name: Duluth Cider
 Date of Event: 9/24/25 Address: 2307 W Superior St. Duluth MN 55806
 Name of Event: Picklefest Time of Event: 12pm - 6pm
 Security Personnel: Warning Lites Firm: _____

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."

*Requesting street closure 10 AM - 7pm

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.

Valerie Scott
 Signature of owner/authorized representative



**CITY OF DULUTH
SUPPLEMENTAL FORM**

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

If No, how many people attended this event

400

If Yes, how many people are you expecting to attend?

2. What kind of advertisement have you done? Social media + local
partnerships.

3. What is the age of the target group for this event?

21+

4. Will alcohol be sold or given away at this event?

Sold

I understand that as the applicant for this permit/license, I am responsible for the Police/Security for this event. I will provide proof of hired security two weeks prior to the scheduled event.

Valerie Smith

Applicant Signature

3/17/25

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

If yes, how many licensed peace officers will be required? _____