



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 AUG 28 2019
 LICENSE # 123

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 =	\$358.00
PLUS \$178.00 EACH ADDITIONAL DAY =	\$
TOTAL:	\$ 358.00

LICENSEE CORP NAME & BUSINESS ADDRESS:
Duluth Cider LLC
2307 W Superior St.
Duluth MN 55806

D/B/A OR TRADE NAME: Duluth Cider

CELL OR BUSINESS PHONE NO. 218-464-1111

MANAGER'S NAME & ADDRESS & PHONE #
Valerie Scott
2422 W 1st St.
612-201-5164

EVENT LICENSE PERIOD: 10/12/2019

RAIN DATE? YES NO

IF YES, DATE: 10/19/2019

NEW INFORMATION

- PLEASE NOTE:** All applications must be in the City Clerk's Office by the last Wednesday of the month. Your attendance at the AGTC meeting on the first Wednesday of the month is required. All information must be completed or it will be returned and may not be heard until the next months meeting. All diagrams, regardless if they are the same as last year must be redone each time you apply for a temporary expansion. Computer diagrams are allowed.
- SECURITY:** Supply information to the License Inspector (218-730-5421).
- 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. _____

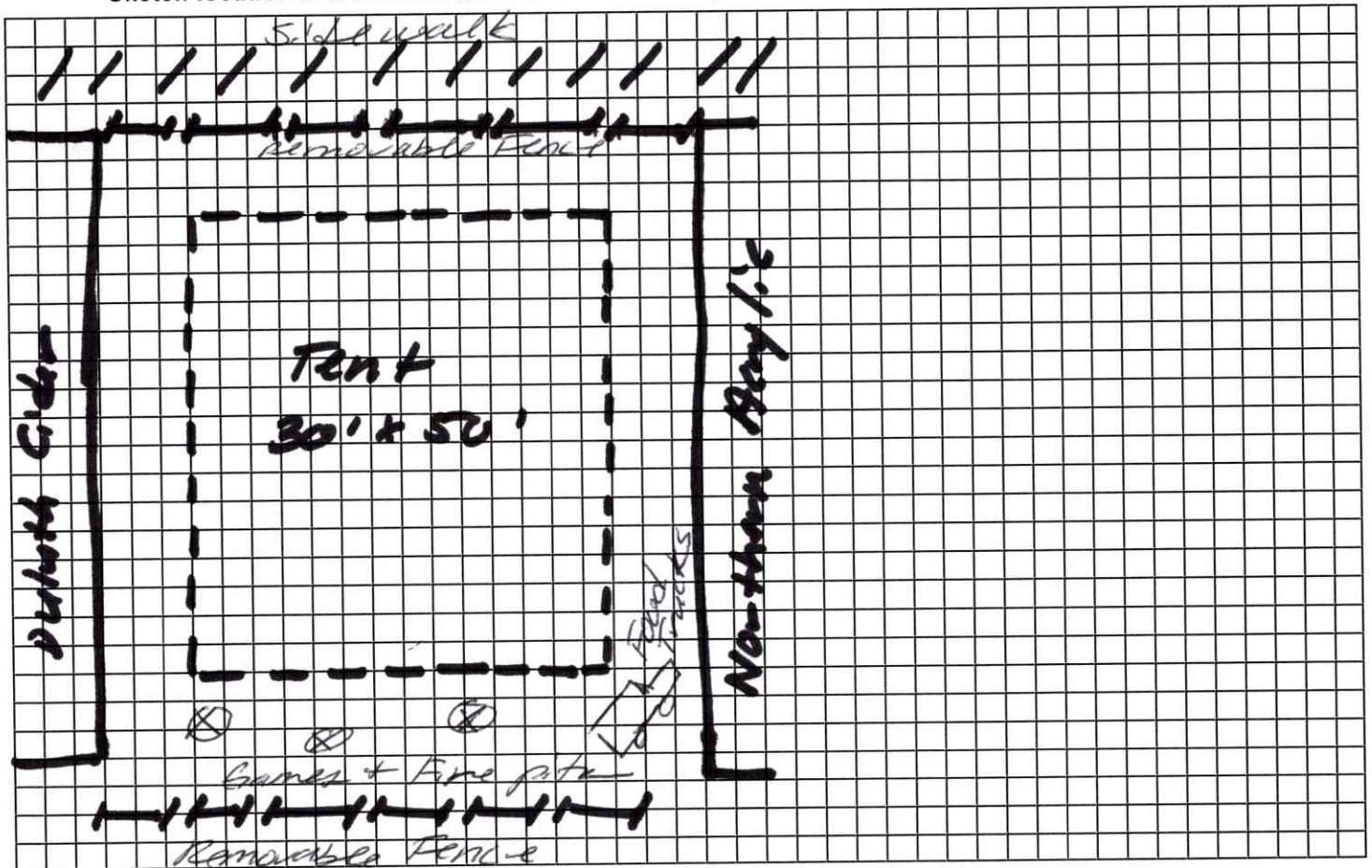
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Valerie Scott (d/b/a) Trade Name: Duluth Cider
Date of Event: 10/12/2019 Address: 2307 W Superior St.
Name of Event: Big Bad Apple Bash Time of Event: 12:00pm - 11:00pm
Security Personnel: _____ 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."

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