



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 # _____

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, (612) 201-5164
2220 Vermillion Rd
Duluth, MN 55803

EVENT LICENSE PERIOD: _____

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. _____

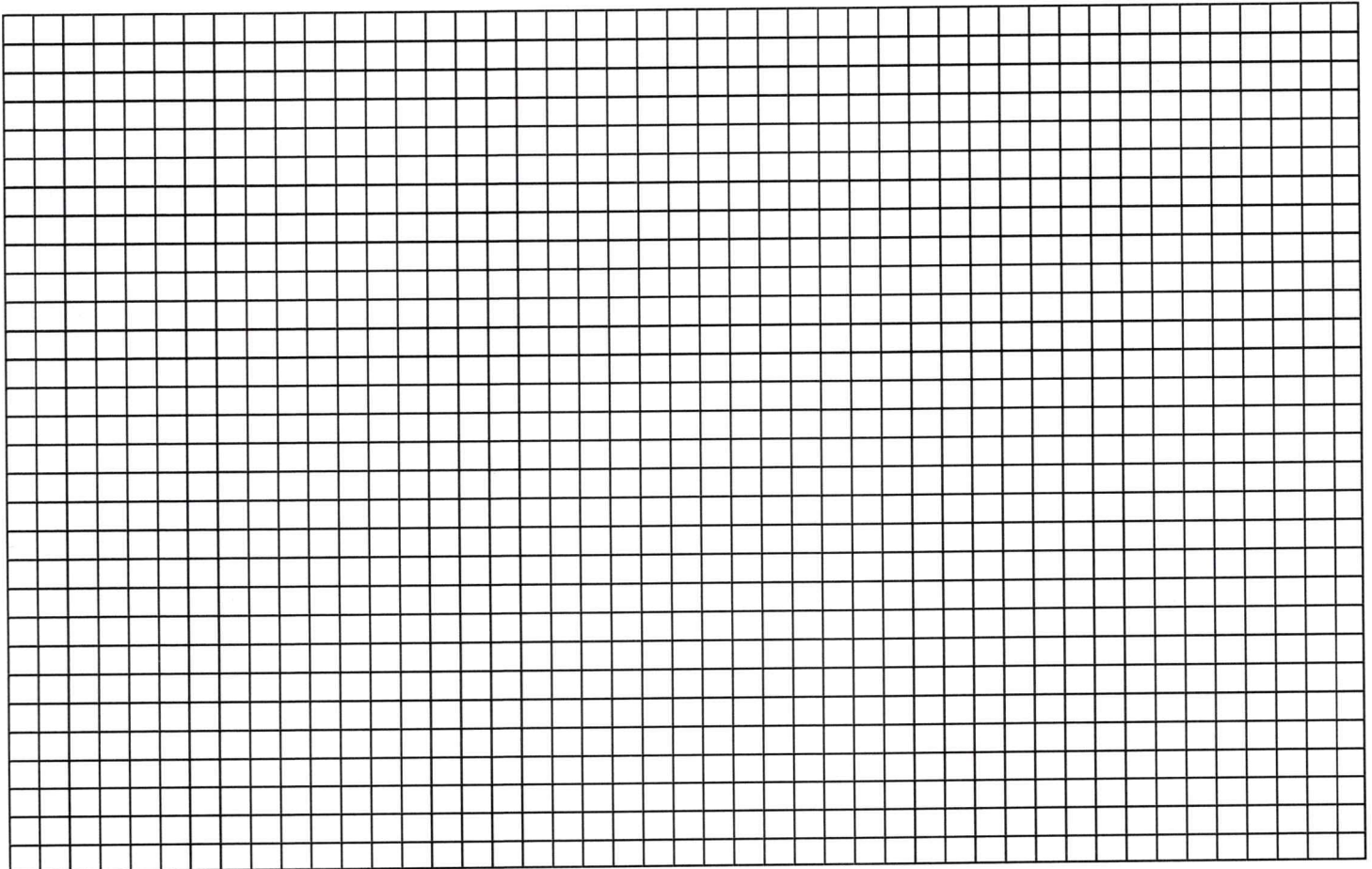
TEMPORARY EXPANSION OF LICENSED PREMISES (DIAGRAM)

Owner: Valerie Scott (d/b/a) Trade Name: Duluth Cider
Date of Event: 10/15/22 Address: 2307 W Superior St. Duluth MN 55806
Name of Event: Big Bad Apple Bash Time of Event: 11 AM - 7 pm
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." *see attached*

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

