THE CITY OF DULUTH MINNESOTA

RECEIVED
AUG 20 2026

City Clerk's Office
Room 318
411 West First Street
Duluth, Minnesota 55802-1189

218-730-5500
218-730-5923 Fax

APPLICATION

LIQUOR LICENSE APPLICATION CHECKLIST

Applicants are required to attend a meeting of the Duluth Alcohol, Gambling, and Tobacco Commission, which meets on the first Wednesday of every month. Applications and fees must be filed in the City Clerk's Office one week in advance in order to be placed on the next meeting agenda.

The Commission will make a recommendation to the city council for approval. If the council approves the application, it will be sent to the Alcohol, Gambling, and Tobacco Division (AGED) of the Minnesota Department of Public Safety. Upon approval, AGED will issue your buyer's card.

TO BE TURNED IN WITH INITIAL APPLICATION	
☐	**Fully Completed License Application:** Incomplete applications will not be accepted.
☐	**License Fee**: Refer to page 2. Check should be written to the City of Duluth.
☐	**Personal Supplemental Affidavit (multiple)**: To be completed by each individual licensee, each member of a partnership, two major stockholders of a corporation, two primary officers of a club, **and** the person who will be directing the operation of the business on the licensed premises. Three are attached.
☐	**MN DPS Alcohol & Gambling Enforcement Certification form**: See Clerk's Office for correct form.
☐	**MN DPS Alcohol & Gambling Enforcement Buyer's Card Application (attached)**
☐	**Buyer's Card Fee**: $20 check made payable to AGED
TO BE TURNED IN PRIOR TO APPROVAL BY CITY COUNCIL	
☐	**Certificate of Liquor Liability Insurance:** Coverage must run concurrent with the license period of September 1 through September 1 or state "Continuous Until Cancelled" – or – Dram Shop Insurance exemption (for On-Sale and Off-Sale 3.2 malt liquor licenses). Refer to example on page 4.
☐	**Corporate documentation**: including stock ownership and Articles of Incorporation must be filed prior to issuance of license.
☐	**Certificate of Workers Compensation Insurance (attached)**
☐	**MN Statute 270C.72 Tax Identification Form (attached)**
TO BE DONE PRIOR TO FINAL APPROVAL	
☐	**Sales Tax application filed with the City of Duluth Finance Office**: They are located on the first floor of City Hall (218-730-5350). If this is a transfer, the taxes must be paid in full (from previous owner) before license can be issued.
☐	**Health Department:** Approval must be obtained by the Minnesota Department of Health. Please provide a copy of the Health Department license.
☐	**Fire Department** : Approval and Certificate of Occupancy must be obtained by the Fire Department. Any issues of fire code violations must be taken care of before license can be issued. (218-730-4398)
☐	**Wine and Off Sale Liquor:** Call the State at 651-296-9519 for inspection of the site.
☐	**Property Taxes:** Must be paid up to date, prior years and current.
☐	**Purchase Agreement**: If a transfer, a copy of the signed Purchase Agreement is required before a resolution will be filed with City Council.

TYPE OF LICENSE
(Check all that apply)

	License Type	Fee		License Type	Fee
☐	Off-Sale Intoxicating	$ 0.00	☐	Brewery Off-Sale	$ 0.00
☐	On-Sale Intoxicating	$ 0.00	☐	Brewery Taproom On-Sale	$ 0.00
☐	Sunday Liquor	$ 0.00	☐	Microdistillery Off-Sale	$ 0.00
☐	Wine (Includes Sunday)	$ 0.00	☐	Microdistillery Cocktail Room	$ 0.00
☐	3.2% Malt Liquor: On-Sale	$ 0.00	☐	Consumption and Display	$ 0.00
☐	3.2% Malt Liquor: Off-Sale	$ 0.00	☐	Liquor License Transfer Only	$ 0.00
☐	Special Club Liquor	Calculated by Clerk's Office	☐	On Sale Theater	$ 0.00
☐	Dancing	$ 0.00	☐	2:00 A.M. (Issued by State)	Calculated by State
☐	Additional Bar (each)	$ 0.00	☐	After Hours Entertainment	$ 0.00
				TOTAL DUE:	$ 0.00

BUSINESS INFORMATION

Name of applicant (name of individual, partnership, corporation or association):

Masa Japanese Steakhouse, LLC

Applicant Address: 4929 Decker Road

City: Duluth State: MN Zip: 55811

Applicant Phone: 917-826-3335 Applicant Email Address: masaduluth@gmail.com

Business Name/dba: Masa Japanese Steakhouse.

Business Address: 4929 Decker Road City Duluth MN Zip 55811

Business Phone: 218-888-2381

Minnesota Tax ID Number: [redacted] Federal Tax ID Number: [redacted]

List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:

State approximate distance of this establishment from nearest academy, college, university, church, or school:

Who will direct the operation of the business or serve as a manager on the premises?

Full Name: Hua Yang Phone Number: 917-826-3335

BUILDING OWNER INFORMATION

Full Name:	Hua Yang	Phone Number:	917-826-3335
Address:	4929 Decker Road Duluth MN 55811		

Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.

DESCRIPTION OF PROPOSED BUSINESS:

What is the seating capacity of the restaurant?		99	
Indoor Seating:	99	Outdoor Seating:	/
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)	Ground floor		

Will serving of prepared food occur at this site? ☐ Yes ☐ No

If yes, please attach license from MN Department of Health.

List date you desire to start serving liquor: 9/1/2026

NOTE: The license period for all liquor licenses is September 1 – August 31.

Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" which is made a part thereof, will be just cause for revocation of your license.

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any changes in ownership in this business before the change is made, for the approval of the Alcohol, Gambling, & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.

Signature:	**Date:** 8/20/2026
Signature:	**Date:**

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 is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

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APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Name of applicant (individual, partnership, corporation or assoc.)	Masa Japanese Steakhouse LLC	2. Trade Name (DBA)	Masa Japanese Steakhouse
3. Address of Licensed Premises	4929 Decker Road Duluth MN 55811		
4. Business Phone	218-888-2381	5. Individual's Cell Phone	917-826-3335
6. Your Name (First, Middle, Last)	Hua Yang	7. Place of Birth (City & State, or City & Country if outside U.S.)	Fuzhou CHINA
8. Date of Birth (MM/DD/YYYY)	07/24/1983	9. Email	masaduluth@gmail.com
10. Home Address	4929 Decker Road Duluth MN 55811		
11. Social Security Number (SSN)	[redacted]	12. Driver's License or ID Number & Issuing State	MN

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
2708 Cloud Ct.	Rock Springs	WY	82901	2016	2022
1777 Stanbridge Ave	Roseville	MN	55113	2022	2026

14. Have you ever been known by any other name than the one listed on this application?

	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
☐ Yes*	
☑ No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

☑ Yes*	100%
☐ No	

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
☐ Yes*	
☑ No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

☐Yes*	*If Yes, why?
☒No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

☐Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
☒No	

20. Have your read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☑ Yes
☐ No

DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual YANG (Last Name) HUA (First Name) _____ (Middle Name)

Also known as _____ Date of Birth: 07/24/1983

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date: 8/20/2026

VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Hua Yang, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit _____ Date _____

Printed name of witness _____ Witness Signature _____

Certificate of Compliance
Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
N/A	218-888-2381	

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)
Masa Japanese Steakhouse

DBA ("doing business as" or "also known as" an assumed name), if applicable
Masa Japanese Steakhouse

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
4929 Decker Road	Duluth	MN	55811

County	Email address
St. Louis	masaduluth@gmail.com

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)
Society Insurance

Policy number	Effective date	Expiration date
[redacted]	08/19/2026	08/19/2027

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name Hua Yang

Applicant signature (required)	Title	Date
[signature]	Owner	08/20/2026

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.

2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: Liquor License

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: N/A

Personal Information (if applicable)

Applicants Name: Hua Yang

Applicant's Address: 4929 Decker Road Duluth MN 55811

Social Security Number: [redacted]

Business Information (if applicable)

Business Name: Masa Japanese Steakhouse.

Business Address: 4929 Decker Road MN Duluth MN 55811

MN Tax Identification Number: [redacted]

Federal Tax Identification Number: [redacted]

Signature [signature] Date 08/20/2026

REQUIREMENTS FOR LIQUOR LIABILITY INSURANCE CERTIFICATE

**This form is a reference document and does not need to be submitted with your application.*

Certificate cannot be pending, a binder, or TBA.

The Legal/Corporate name must match EXACTLY (word for word) to the Approved Licensed Name (including Inc. or LLC), Trade Name (DBA), and address of licensed **premises.**

Minn. Stat. 340A.409: Liquor Liability insurance policy number must be included on certificate with coverage dates identical to the license period or must state: "Coverage is continuous until canceled."

Minimums:
Personal Injury or Death: $50,000/$100,000

Property Damage: $10,000

Other Pecuniary Loss: $50,000/$100,000

Loss of Means of Support: $50,000/$100,000

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Agency
Address
City, State, Zip

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Legal Name and DBA here
Premises address

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE $
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) $
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
							GENERAL AGGREGATE $
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG $
	☐ POLICY ☐ PRO-JECT ☐ LOC						$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB						EACH OCCURRENCE $
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE $
	DED ☐ RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT $
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT $
	Liquor Liability must be explicitly listed						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Sample

CERTIFICATE HOLDER

City of Duluth should be listed as a certificate holder, and must receive notice from the insurance company at the same time a cancellation request is received from or a notice is sent to the insured.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Original Signature or stamp of agent. →

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/20/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Zach Walters
Great Lakes Insurance Agency 1215 Cloquet Ave Cloquet, MN 558720	PHONE (A/C, No, Ext): 218-879-9913 FAX (A/C, No): E-MAIL ADDRESS: zach@greatlakesmn.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Society Insurance	15261
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Masa Japanese Steakhouse, 4929 Decker Rd, Duluth MN 55811-3807

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X		BP10093418	08/19/2026	08/19/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 1,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CU10093421	08/19/2026	08/19/2027	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	LIQUOR LIABILITY			LL10093420	08/19/2026	08/19/2027	OCCURRANCE AGGREGATE	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Liquor Liability is Continuous Until cancelled

The City of Duluth is an additional insured regarding the general liability. A 30 day Notice of Cancellation applies in favor of the City of Duluth.
Location: 4929 Decker Rd, Duluth, MN 55811

CERTIFICATE HOLDER

City of Duluth
411 W 1st Street
Duluth MN 55802

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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