

City of Duluth – Alcohol Handling Permit Application

_____ New Permit _____ Renewal
PERMIT FEES ARE NON-REFUNDABLE

Alcohol Permits - \$35.00 (Additional permit for same company - \$10.00)
Expired Permits \$52.50

Name of Applicant _____, _____, _____
(Last) (First) (Middle)

Aliases/Stage Names: _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Eye Color _____ Height _____ Weight _____ Sex _____ Race _____

Driver's License Number _____ State Issued _____ Date of Birth _____

Home Phone _____ Mobile/Cell Phone _____ Email _____

Alcohol Training completion date _____ (If renewal) Expiration date on permit _____

Name of Business Establishment _____ Job title _____

- (1) List dates, locations, and charges of ANY AND ALL ARRESTS regardless of disposition or status
(2) If you have no prior charges/citations or arrests - write 'None.'

(3) Have you ever had an alcohol license or permit revoked by any jurisdiction? Yes _____ No _____

APPLICANT'S AFFIDAVIT: AUTHORIZATION FOR RELEASE

By my signature below, I hereby:

Swear or affirm that all information given is true, factual and correct to the best of my knowledge and ability. I understand that it is a FELONY to knowingly and willfully make a false, fictitious or fraudulent statement or representation to a governmental agency in this application.

Swear or affirm that I have not been convicted within the previous 10 years of soliciting for prostitution, pandering, letting of premises for prostitution, keeping a disorderly place, illegal dealing in narcotics, sex offenses, any charges related to the manufacture or sale of alcoholic beverages or illegal drugs, any crime involving moral turpitude, any felony, or a second offense for driving under the influence of alcohol within 5 years.

Swear or affirm that I am authorized to work in the United States, and authorize the City Clerk or designee to receive any criminal record information pertaining to me, which may be in the file of any criminal justice agency.

MUST BE SIGNED BEFORE A NOTARY PUBLIC

X Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public Signature _____ (Stamp/Seal)

FOR OFFICE USE ONLY – CITY HALL

VERIFICATION OF IDENTIFICATION: _____ PAID WITH (check, cash, MO, CC) _____ TEMPORARY EXPIRATION DATE: _____
PERMIT/BADGE # _____ RENEWAL DATE _____ ALCOHOL TRAINING CLASS TO ATTEND _____ GCIC DOWN _____ CAMERA DOWN _____
APPROVED _____ DENIED _____ REASON FOR DENIAL: _____ Date to City Clerk _____