



City of Duluth – City Clerk's Office  
411 W First Street – City Hall 318  
Duluth, MN 55802-1189  
Phone: (218) 730-5500

For Office Use Only

Date: \_\_\_\_\_

License No. \_\_\_\_\_

## LICENSE APPLICATION

**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 including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1 <sup>ST</sup> DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$ \$60.00

**LICENSEE BUSINESS NAME & ADDRESS:**

Downtown Duluth

5 West First Street, Suite 101

Duluth, MN 55802

**TRADE NAME OR NAME OF EVENT:**

40th Annual Meeting & Celebration

BUSINESS PHONE NO: 218-727-8549

**MANAGER'S NAME & ADDRESS:**

Kristi Stokes

5 West First Street, Suite 101

Duluth, MN 55802

OWNER OF BUSINESS PREMISES: \_\_\_\_\_

Duluth Entertainment Convention Center

EVENT LICENSE DATE (S): 2/5/2025

Rain Date? Yes ☐ No ☒

If Yes, List Date: \_\_\_\_\_

Contact State Health Department at 723-4642 For Application for Beer and/or Food.

Security Personnel Questions? Call 730-5421

Alcohol in City Parks? Yes ☐ No ☒

If Yes, Contact Parks & Recreation at 218-730-4305

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

*Kristi Stokes*

SIGNATURE OF APPLICANT

**MAILING ADDRESS**

5 West First Street, Suite 101

Duluth, MN 55802

EMAIL: dhoops@downtownduluth.com





**CITY OF DULUTH**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:  
Greater Downtown Council dba Downtown Duluth

2. Trade Name: \_\_\_\_\_

3. Address of place to be licensed: 5 West First Street, Suite 101, Duluth, MN 55802

4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) DECC Horizon Room

5. Name and address of owner of building: Duluth Entertainment Convention Center  
350 Harbor Drive  
Duluth, MN 55802

Any connection with applicant? No Who receives the rent? \_\_\_\_\_

6. Who will direct the operation of the business or serve as manager on the premises?  
List name, address & title: Daisy Hoops | Office and Social Media Manager  
5 West First Street, Suite 101, Duluth, MN 55802

7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail.

Beer donations (2 oz samples) from 4 local breweries for ~ 400 people

***Failure to answer all questions truthfully on this application or the attacher 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 change in ownership in this business before the change is made, for the approval of the Alcohol, Gambling and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations of their amendments.*

Signature: Kristi Stokes

Date: 12-2-24

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## 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

650

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

2. What kind of advertisement have you done? \_\_\_\_\_

E-News, Social Media, and mailed letter

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

25-65

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

Both

5. Will alcohol service take place in City Parks?

No

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.

Kristi Stokes

Applicant Signature

12-2-24

Date

### For office use only

Is a licensed Peace Officer needed for this event? \_\_\_\_\_

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



**City Clerk's Office**

Room 318  
411 West First Street  
Duluth, Minnesota 55802-1189



218-730-5500  
218-730-5923 Fax

**APPLICATION****PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE**

This form must be completed by each of the following (as applicable) 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. Legal Name of Business	Greater Downtown Council	2. Trade Name (DBA)	Downtown Duluth
3. Address of Licensed Premises	5 West First Street, Suite 101, Duluth, MN 55802		
4. Business Phone	218-727-8549	5. Individual's Cell Phone	218-591-3297
6. Your Name (First, Middle, Last)	Kristi Kay Stokes	7. Place of Birth (City & State, or City & Country if outside U.S.)	Wausau, WI
8. Date of Birth (MM/DD/YYYY)	11/12/1968	9. Email	kstokes@downtownduluth.com
10. Home Address	55 Helberg Rd, Esko MN 55733		
11. Social Security Number (SSN)	390-66-5791	12. Driver's License or ID Number & Issuing State	R748116510319

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

Street Address	City	State	Zip	From	To
55 Helberg Rd	Esko	MN	55733	1994	current

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

<input type="checkbox"/> Yes*	*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:
<input type="checkbox"/> No	

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

<input type="checkbox"/> Yes*	
<input checked="" type="checkbox"/> No	President/C.O.O.

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?

<input type="checkbox"/> Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
<input checked="" type="checkbox"/> 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?

<input type="checkbox"/> Yes*	*If Yes, why?
<input checked="" type="checkbox"/> 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?

<input type="checkbox"/> 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:
<input checked="" type="checkbox"/> No	

20. Have you 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 Stokes, Kristi Kay

Last Name	First Name	Middle Name
Also known as _____		Date of Birth: <u>11/12/1968</u>

**I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.**

Signature Kristi Stokes Date: 12-2-24

### 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) Kristi Stokes, 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 Kristi Stokes Date 12-2-24

Printed name of witness \_\_\_\_\_ Witness Signature \_\_\_\_\_





# Downtown Duluth

5 West First Street, Suite 101  
Duluth, MN 55802  
(218) 727-8549

NORTH SHORE BANK OF COMMERCE  
DOWNTOWN-LAKESIDE-WOODLAND  
MILLER HILL MALL-HERMANTOWN  
DULUTH, MINNESOTA 55816-0450

75-10/919

14727

12/05/2024

PAY TO THE  
ORDER OF

City of Duluth City Clerk

\$ \*\*60.00

Sixty and 00/100\*\*\*\*\*

DOLLARS

City of Duluth City Clerk  
411 W First St  
Room 318  
Duluth, MN 55802-1189



MEMO

AUTHORIZED SIGNATURE

⑈014727⑈ ⑆091900106⑆ ⑆05 02 037 5⑈

DOWNTOWN DULUTH

14727

12/05/2024

City of Duluth City Clerk

Date	Type	Reference	Original Amount	Balance Due	Payment
12/01/2024	Bill	2.5.25 License	60.00	60.00	60.00
		Check Amount			60.00

North Shore Bank Ac

60.00

WZ698403 12-22

