



**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

**COPY**

FOR OFFICE USE ONLY	
DATE	<u>2/5/18</u>
LICENSE #	<u>760204</u>

Type in your information by tabbing through the boxes below. Print all applications, sign and submit to the address listed above.

**LICENSE APPLICATION**

LICENSE	FEE
TEMPORARY ON SALE LIQUOR - 1ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY/EVENING =	\$ 148
<b>TOTAL</b>	<b>\$ 446</b>

**LICENSEE CORP NAME/BUSINESS ADDRESS:**  
Duluth Airshow Wings Foundation  
2110 West First Street  
Duluth, MN 55806

**D/B/A or TRADE NAME:** Duluth Air Show

**CELL OR BUSINESS PHONE NO.** 218-628-9996

**MANAGER'S NAME & ADDRESS & PHONE #**  
Jean Stojevich  
2110 West First Street  
Duluth, MN 55806

**OWNER OF BUSINESS PREMISES:**  
Duluth Airport Authority  
4701 Grinden Drive  
Duluth, MN 55811

**LICENSE PERIOD:** July 7-8, 2018

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.

Jean Stojevich  
 Signature of Applicant

**MAILING ADDRESS:**  
Duluth Air Show  
2110 West First Street  
Duluth, MN 55806

**EMAIL:** jean@kernkompany.com  
 Would you like notifications via email? YES  NO

*check # 10924*



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

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:  
Duluth Airshow Wings Foundation
2. Trade Name: Duluth Airshow Wings Foundation
3. Address of place to be licensed: Duluth International Airport
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) VIP and Corporate Chalets
5. Name and address of owner of building: Duluth Airport Authority  
4701 Grinden Drive  
Duluth, MN 55811  
Any connection with applicant? n/a Who receives the rent? n/a
6. Who will direct the operation of the business or serve as manager on the premises?  
List name, address & title: Jean Stojevich, Duluth Airshow Board Member
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.  
\_\_\_\_\_

**Failure to answer all questions truthfully on this application and Affidavit "A," 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: Jean Stojevich

Date: 12/20/2017

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

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