



**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>760203</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
TOTAL	\$ 446

LICENSEE CORP NAME/BUSINESS ADDRESS:

Duluth Airshow Wings Foundation
2110 West First Street
Duluth, MN 55806

D/B/A or TRADE NAME: Duluth Balloon Festival/Craft Brew Village

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:

City of Duluth
Bayfront Festival Park
Duluth, MN 55802

LICENSE PERIOD: September 14-15, 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

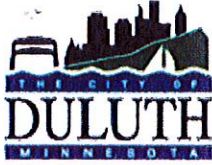
MAILING ADDRESS:

Duluth Balloon Festival
2110 West First Street
Duluth, MN 55806

EMAIL: jean@kernkompany.com

Would you like notifications via email? YES NO

check # 6796



**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: Bayfront Festival Park, 350 Harbor Drive, Duluth MN 55802

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Craft Brew Village designated area(see map)

5. Name and address of owner of building: City of Duluth

350 Harbor Drive

Duluth, MN

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, Event Coordinator

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:

2 miles

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: 12/30/17

Signature: _____

Date: _____