



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 ST DAY/EVENING =	\$60.00
PLUS \$30.00 EACH ADDITIONAL DAY =	\$ _____
TOTAL =	\$60.00

LICENSEE BUSINESS NAME & ADDRESS:
 DSAETC - PBS North
 632 Niagara Ct
 Duluth, MN 55811

TRADE NAME OR NAME OF EVENT:
 PBS North 60th Birthday Bash
BUSINESS PHONE NO: 218-788-2831

MANAGER’S NAME & ADDRESS:
 Tom Jamar Director of Comm.
 632 Niagara Ct
 Duluth, MN 55811

OWNER OF BUSINESS PREMISES:
 Patty Mester - President & General Mgr
EVENT LICENSE DATE (S): Sat., Sept. 14, 2024

Rain Date? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.

MAILING ADDRESS
 632 Niagara Ct
 Duluth, MN 55811



 SIGNATURE OF APPLICANT

EMAIL: wvogelgesang@thenorth1033.org



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

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed: DSAETC (Duluth-Superior Area Educational Television Corporation)

2. Trade Name: WDSE - PBS North

3. Address of place to be licensed: Chester Park - 1800 East Skyline Parkway Duluth, MN

4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) Brew North beer tent area by soccer fields/back area of park.

5. Name and address of owner of building: _____

Any connection with applicant? _____ Who receives the rent? _____

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

List name, address & title: Patty Mester - PBS North President & General Manager and Tom Jamar - Director of Marketing & Communications 632 Niagara Ct Duluth, MN 55811

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

N/A

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

N/A

9. State approximate distance of this establishment from the nearest academy, college, university, church or school: about 2 miles from Chester Park to UMD

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.

Monies will go to the further operation of the PBS North non-profit.

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: Wendy Vogelgesang
Tom Jamar

Date: 7.2.24
7/2/24



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 _____

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

1,600

2. What kind of advertisement have you done? _____

Verbal save-the-date at community events, Community Advisory Board meetings, Board of Directors meeting.
On-air, social media, and print advertising will begin soon.

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?

sold

5. Will alcohol service take place in City Parks?

yes

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.

Wendy Vogelgerang
Applicant Signature

07/02/2024

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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