



City of Duluth – City Clerk’s Office
 411 W First Street – City Hall 330
 Duluth, MN 55802-1189
 Phone: (218) 730-5500
 Fax: (218) 730-5923

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 <i>#298.00</i> |
|--|--------------------|
| TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING = | \$298.00 |
| PLUS \$148.00 EACH ADDITIONAL DAY = | \$ _____ |
| TOTAL = | \$298.00 |

LICENSEE BUSINESS NAME & ADDRESS:



GRANDMA'S MARATHON
 P.O. Box 16234
 Duluth, Minnesota 55816
 GrandmasMarathon.com

TRADE NAME OR NAME OF EVENT:

GRANDMA'S MARATHON

BUSINESS PHONE NO: *218 727 0947*

MANAGER'S NAME & ADDRESS:

Linda Hanson

 PO Box 16234

 Duluth, MN 55816-0234

OWNER OF BUSINESS PREMISES: _____

CITY OF DULUTH

EVENT LICENSE DATE (S): _____

Saturday, June 19, 2021

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
 Will Dancing Be Allowed? Yes No If Yes, Contact City Clerk's Office For Dancing License Application

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.



GRANDMA'S MARATHON
 P.O. Box 16234
 Duluth, Minnesota 55816
 GrandmasMarathon.com

Linda Hanson

 SIGNATURE OF APPLICANT
 FINANCE & OPERATIONS DIRECTOR

EMAIL: LINDA@GRANDMASMARATHON.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:
Grandma's Marathon-Duluth, Inc.

2. Trade Name: Grandma's Marathon

3. Address of place to be licensed: Bayfront Park

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Area near stage

5. Name and address of owner of building: DNA

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: Linda Hanson - Finance & Operations Director

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:
Grandma's Marathon is a
MN Non Profit w/ 501C3 Status

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
Exact distance unkn. - Harbor City Intl.School is at 4th Ave.W. & Michigan Street

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.
DNA

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: 
Signature: 

Date: 4-21-2021
Date: 4-21-21



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

1500-2000

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

2. What kind of advertisement have you done? _____

MEDIA / PRINT / SOCIAL MEDIA

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

ALL AGES

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

YES

5. Will dancing be allowed at this event?

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.


Applicant Signature

4/21/2021
Date

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Is a licensed Peace Officer needed for this event? _____

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



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| LICENSE | FEE |
|--|------------------|
| TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING = | \$298.00 |
| PLUS \$148.00 EACH ADDITIONAL DAY = | \$ <u>148.00</u> |
| TOTAL = | \$ <u>446.00</u> |

LICENSEE BUSINESS NAME & ADDRESS:

Duluth Airshow Wings Foundation
2110 West First Street
Duluth Mn 55806

TRADE NAME OR NAME OF EVENT:

Duluth Airshow

BUSINESS PHONE NO: 218-628-9996

MANAGER’S NAME & ADDRESS:

Jean Stojevich
2110 W. 1st St
Duluth, Mn 55806

OWNER OF BUSINESS PREMISES: Duluth Airport Authority
4701 Grinden Dr. Duluth, Mn 55811

EVENT LICENSE DATE (S): _____

June 26-27, 2021

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

Will Dancing Be Allowed? Yes No If Yes, Contact City Clerk’s Office For Dancing License Application

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.

Jean Stojevich
 SIGNATURE OF APPLICANT

MAILING ADDRESS

Duluth Airshow
2110 W. 1st St, Duluth, Mn 55806

EMAIL: jean@kernkompany.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:

Duluth Airshow Wings Foundation

2. Trade Name: Duluth Airshow

3. Address of place to be licensed: Duluth International Airport

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) VIP (Presidential) 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: 3/30/2020

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 50,000
If Yes, how many people are you expecting to attend? _____
2. What kind of advertisement have you done? Radio, Newspaper, Billboards, Television, other publications, social media
3. What is the age of the target group for this event? 1-100
4. Will alcohol be sold or given away at this event? yes
5. Will dancing be allowed at this event? 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.

Jean Stojewich
Applicant Signature

3/30/2021
Date

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Is a licensed Peace Officer needed for this event? _____

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



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| LICENSE | FEE |
|--|------------------|
| TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING = | \$298.00 |
| PLUS \$148.00 EACH ADDITIONAL DAY = | \$ <u>444.00</u> |
| TOTAL = | \$ <u>742.00</u> |

LICENSEE BUSINESS NAME & ADDRESS:

TRADE NAME OR NAME OF EVENT:

Duluth Airshow Wings Foundation
2110 W. 1st St
Duluth, Mn 55806

Duluth Oktoberfest @ Bayfront
 BUSINESS PHONE NO: 218-628-9996

MANAGER'S NAME & ADDRESS:

OWNER OF BUSINESS PREMISES: City of Duluth Mn
Bayfront Festival Park

Jean Stojevich
2110 W. 1st St
Duluth, Mn 55806

EVENT LICENSE DATE (S): Sept 16 - 19, 2021

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

Will Dancing Be Allowed? Yes No If Yes, Contact City Clerk's Office For Dancing License Application

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.

Jean Stojevich

SIGNATURE OF APPLICANT

MAILING ADDRESS

2110 W. 1st Street
Duluth, Mn 55806

EMAIL: jean@kernkompany.com



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

- Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Duluth Airshow Wings Foundation
- Trade Name: Kern Kompany
- Address of place to be licensed: Bayfront Festival Park, 350 Harbor Dr., Duluth, Mn
- Designated Serving Areas (i.e. round floor, second, deck, etc.) Bayfront Festival Park
- Name and address of owner of building: City of Duluth
350 Harbor Drive
Duluth, Mn 55802
Any connection with applicant? n/a Who receives the rent? City of Duluth
- Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Ryan Kern, Jean Stojevich, Jon Carlson
Event Coordinators
- If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

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

- State approximate distance of this establishment from the nearest academy, college, university, church or school:
1.4 miles
- 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: 3/30/2021

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 5000
If Yes, how many people are you expecting to attend? _____

2. What kind of advertisement have you done? Radio, Billboards, Posters, TV, Social Media

3. What is the age of the target group for this event? Family Events + 21-85 for Liquor event

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

5. Will dancing be allowed at this event? 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.

Jean Stojewich
Applicant Signature

3/30/2021
Date

| | |
|--|-------|
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| Is a licensed Peace Officer needed for this event? | _____ |
| If yes, how many licensed peace officers will be required? | _____ |