

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 =	\$30 _____
TOTAL =	\$90 _____

**LICENSEE BUSINESS NAME & ADDRESS:**

Duluth Airshow Wings Foundati

2110 West First Street

Duluth, MN 55806

**TRADE NAME OR NAME OF EVENT:**

Duluth Airshow

BUSINESS PHONE NO: 218628-9996

**MANAGER'S NAME & ADDRESS:**

Ryan Kern

2110 West First Street

Duluth, MN 55806

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

Ryan Kern (includes airport during show)

EVENT LICENSE DATE (S): May 18-19, 2024

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 Stayer*

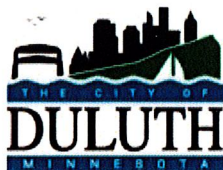
SIGNATURE OF APPLICANT

**MAILING ADDRESS**

2110 West First Street

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 (Ryan Kern)
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 Areas: 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? Duluth Airport Authority
6. Who will direct the operation of the business or serve as manager on the premises?  
List name, address & title: Jean Stojevich, Duluth Airshow Chalet and Flightline 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:  
5 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.*

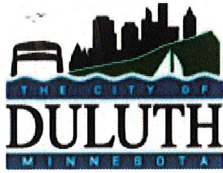
Signature: Jean Stojevich

Date: 12/19/2023

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

40,000

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

\_\_\_\_\_

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

Radio, Newspaper, Billboards, Television, trade publications, posters, 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

12/19/2023  
Date

### For office use only

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

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