



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

RECEIVED

JAN - 3 2023

CITY OF DULUTH  
CITY CLERK'S OFFICE  
LICENSE APPLICATION

For Office Use Only  
Date: \_\_\_\_\_  
License No. \_\_\_\_\_

**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 = | \$298.00 |
| PLUS \$148.00 EACH ADDITIONAL DAY =                      | \$ _____ |
| TOTAL =                                                  | \$ _____ |

**LICENSEE BUSINESS NAME & ADDRESS:**

Performing Arts Student Scholarship Foundation  
P.O. Box 1028  
Superior WI 54880

**TRADE NAME OR NAME OF EVENT:**

Zack Ross celebration of life  
BUSINESS PHONE NO: (218)-590-0923

**MANAGER'S NAME & ADDRESS:**

Wallace Olson  
5720 Butler Ave  
Superior, WI 54880

**OWNER OF BUSINESS PREMISES:**

Sacred Heart Music Center  
EVENT LICENSE DATE (S): 2/11/23

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.

*Wallace Olson*

SIGNATURE OF APPLICANT

**MAILING ADDRESS**

5720 Butler Ave  
Superior WI 54880  
EMAIL: OLSON10204@aol.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:

Performing Arts Student Scholarship Foundation Wallace Olson

2. Trade Name: Zack Ross Celebration of Life

3. Address of place to be licensed: 201 W 4<sup>th</sup> St, Duluth MN 55806

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) 1st Floor

5. Name and address of owner of building: Sacred Heart Music Center

201 W 4<sup>th</sup> St Duluth MN 55806

Any connection with applicant? NO Who receives the rent? \_\_\_\_\_

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

List name, address & title: Wallace Olson President Performing Arts Student Scholarship  
5720 Butler Ave Superior WI 54880

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:

1 mile

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: Wallace Olson

Date: 12/28/22

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

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

about 150

2. What kind of advertisement have you done? None Private event  
Facebook

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

18-70

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.

Matthew Olson

Applicant Signature

12/28/22  
Date

### For office use only

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

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



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
651-201-7513 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION AND PERMIT FOR A 1 DAY  
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

|                                                                                                                                       |                                                                                                                                                           |                |                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|--|
| Name of organization                                                                                                                  |                                                                                                                                                           | Date organized | Tax exempt number |  |
| Performing Arts student scholarship Foundation                                                                                        |                                                                                                                                                           | 1997           | 39-1887187        |  |
| Address                                                                                                                               | City                                                                                                                                                      | State          | Zip Code          |  |
| P.O. Box 1028                                                                                                                         | Superior                                                                                                                                                  | WI             | 54880             |  |
| Name of person making application                                                                                                     |                                                                                                                                                           | Business phone | Home phone        |  |
| Wallace Olson                                                                                                                         |                                                                                                                                                           | (218) 590-0923 |                   |  |
| Date(s) of event                                                                                                                      | Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer                                                       |                |                   |  |
| 02/11/23                                                                                                                              | <input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit |                |                   |  |
| Organization officer's name                                                                                                           | City                                                                                                                                                      | State          | Zip Code          |  |
| Tara Cockerham                                                                                                                        | Superior                                                                                                                                                  | WI             | 54880             |  |
| Organization officer's name                                                                                                           | City                                                                                                                                                      | State          | Zip Code          |  |
| Barb Larson                                                                                                                           | Superior                                                                                                                                                  | WI             | 54880             |  |
| Organization officer's name                                                                                                           | City                                                                                                                                                      | State          | Zip Code          |  |
| Wallace Olson                                                                                                                         | Superior                                                                                                                                                  | WI             | 54880             |  |
| Location where permit will be used. If an outdoor area, describe.                                                                     |                                                                                                                                                           |                |                   |  |
| Sacred Heart Music Center<br>201 W 4th St<br>Duluth MN 55806                                                                          |                                                                                                                                                           |                |                   |  |
| If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service. |                                                                                                                                                           |                |                   |  |

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

**APPROVAL**

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

|                                         |                               |
|-----------------------------------------|-------------------------------|
| City or County approving the license    | Date Approved                 |
| Fee Amount                              | Permit Date                   |
| Date Fee Paid                           | City or County E-mail Address |
|                                         | City or County Phone Number   |
| Signature City Clerk or County Official |                               |

**CLERKS NOTICE:** Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.**

**PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US**