

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. _____

RECEIVED

APR 21 2022

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 =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$0 _____
TOTAL =	\$298.00 _____

LICENSEE BUSINESS NAME & ADDRESS:

Duluth Superior Pride

PO Box 3198

Duluth, MN 55803

MANAGER'S NAME & ADDRESS:

Abigail Gannon

825 E 1st St Apt N

Duluth, MN 55805

TRADE NAME OR NAME OF EVENT:

Duluth-Superior Pride Festival

BUSINESS PHONE NO: 218-522-1664

OWNER OF BUSINESS PREMISES: _____

EVENT LICENSE DATE (S): 9/3/2022

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.

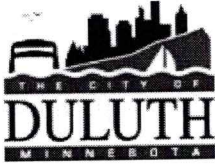
MAILING ADDRESS

PO Box 3198

Duluth, MN 55803

EMAIL: abigailgannon1980@gmail.com

SIGNATURE OF APPLICANT



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Abigail Gannon
2. Trade Name: Duluth Superior Pride
3. Address of place to be licensed: Bayfront Park, 350 Harbor Drive, Duluth, MN 55802
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Northwest side of the pavilion, before the paved path (left of the stage area) under designated tent.
5. Name and address of owner of building: DECC
350 Harbor Drive
Duluth, MN 55803
- 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: Abigail Gannon, co-chair/treasurer
825 E 1st St Apt N, Duluth, MN 55805
7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:
Nonprofit

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

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:
0.5 miles to Harbor City International
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.

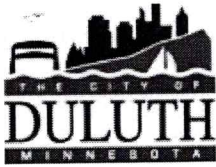
I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol, Gambling and Tobacco 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: 

Date: 4/21/2022

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?

5000-10000

2. What kind of advertisement have you done? _____

Facebook, Website postings

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

All ages

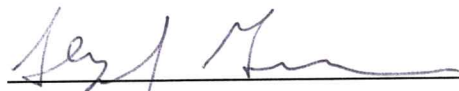
4. Will alcohol be sold or given away at this event?

Sold

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.



Applicant Signature

4/08/2022

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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



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

LICENSEE BUSINESS NAME & ADDRESS:

TRADE NAME OR NAME OF EVENT:

BUSINESS PHONE NO: _____

MANAGER’S NAME & ADDRESS:

OWNER OF BUSINESS PREMISES: _____

EVENT LICENSE DATE (S): _____

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.

MAILING ADDRESS

SIGNATURE OF APPLICANT

EMAIL: _____



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:

2. Trade Name: _____

3. Address of place to be licensed: _____

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) _____

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: _____

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: _____

Date: _____

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? _____

2. What kind of advertisement have you done? _____

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

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

5. Will dancing be allowed at this event? _____

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

Date

For office use only

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 =	\$ _____
TOTAL =	\$298.00

LICENSEE BUSINESS NAME & ADDRESS:

Ronald McDonald House Charit
818 Fulton Street SE
Minneapolis, MN 55414

TRADE NAME OR NAME OF EVENT:

Brew Love North 2022

BUSINESS PHONE NO: 612.767.2784

MANAGER'S NAME & ADDRESS:

Felicia Casper
818 Fulton Street SE
Minneapolis, MN 55414

OWNER OF BUSINESS PREMISES: _____

Greysolon Ballroom

EVENT LICENSE DATE (S): Thursday, August 11,

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.

MAILING ADDRESS

818 Fulton Street SE

Minneapolis, MN 55414

EMAIL: fcasper@rmhc-uppermidwest.org

SIGNATURE OF APPLICANT



CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:
Ronald McDonald House Charities Upper Midwest
2. Trade Name: Brew Love North 2022
3. Address of place to be licensed: 818 Fulton Street SE, Minneapolis, MN 55414
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Ballroom
5. Name and address of owner of building: Greysolon Ballroom
231 E Superior Street
Duluth, MN 55802
Any connection with applicant? No Who receives the rent? Greysolon
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Felicia Casper - Development Manager
818 Fulton Street SE, Minneapolis, MN 55414
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:
3 miles - Catholic Diocese of Duluth
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.
N/A

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: 

Date: 4/1/22

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?

300

2. What kind of advertisement have you done? _____
social media posts

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

21 - 99

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

given, included in cost of ticket

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

3.29.22

Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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



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LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ <u>296.00</u>
TOTAL =	\$ <u>594.00</u>

-148.00 (overpaid 2021) Bal Due 446.00

LICENSEE BUSINESS NAME & ADDRESS:

TRADE NAME OR NAME OF EVENT:

Duluth Airshow Wings Foundation
2110 West 1st Street
Duluth, Mn 55806

Duluth Oktoberfest @ Bayfront

BUSINESS PHONE NO: 218-628-9996

MANAGER'S NAME & ADDRESS:

OWNER OF BUSINESS PREMISES: City of Duluth
Bayfront Festival Park

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

EVENT LICENSE DATE (S): Sept 16-18, 2022

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.

MAILING ADDRESS

2110 West 1st Street
Duluth, Mn 55806

EMAIL: jean@kernkompany.com

Jean Stojevich

SIGNATURE OF APPLICANT



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: Kern Kompany
3. Address of place to be licensed: Bayfront Festival Park 350 Harbor Dr. Duluth, Mn
4. Designated Serving Areas (i.e. round floor, second, deck, etc.) Bayfront Festival Park
5. 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? DECC - City of Duluth
6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: Ryan Kern - President 2110 W. 1st St Duluth 55806
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:
1.4 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: 

Date: 3-23-2022

Signature: 

Date: 3/22/22



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?

6000

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 3+
21-85 for Liquor componen

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

3-23-2022
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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



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RECEIVED

LICENSE	FEE
TEMPORARY ON SALE LIQUOR – 1 ST DAY/EVENING =	\$298.00
PLUS \$148.00 EACH ADDITIONAL DAY =	\$ <u>148</u>
TOTAL =	\$ <u>446.00</u>

LICENSEE BUSINESS NAME & ADDRESS:

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

TRADE NAME OR NAME OF EVENT:

BUSINESS PHONE NO: 218-628-9996

MANAGER'S NAME & ADDRESS:

OWNER OF BUSINESS PREMISES: Ryan Kern
(Event held @ Duluth Airport)

EVENT LICENSE DATE (S): July 16-17, 2022

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 Stoyevich

SIGNATURE OF APPLICANT

MAILING ADDRESS

Duluth Airshow / Kern Kompany
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 (Ryan Hern)

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 Area (Presidential and Corporate Tents)

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 Auth.

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

List name, address & title: Jean Stejevich, Duluth Airshow 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:

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 Stejevich

Date: 3-23-2022

Signature: Ryan Hern

Date: 3-23-22



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?

40,000

2. What kind of advertisement have you done? Radio, Newspaper, Billboards
Television, other trade publications, social media, posters

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 ~~no~~

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 Szewcz
Applicant Signature

3-25-2022
Date

For office use only

Is a licensed Peace Officer needed for this event? _____

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