City of Duluth – City Clerk's Office
411 W First Street – City Hall 318
Duluth, MN 55802-1189
Phone: (218) 730-5500

RECEIVED
MAR 05 2026
BY:

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 – 1ST DAY/EVENING =	$60.00
PLUS $30.00 EACH ADDITIONAL DAY =	$30.00
TOTAL =	$90.00

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: 218-628-9996

MANAGER'S NAME & ADDRESS:
Ryan Kern
2110 West 1st Street
Duluth MN 55806

OWNER OF BUSINESS PREMISES:
Ryan Kern

EVENT LICENSE DATE (S):
July 11-12, 2026

Will you hire security? Yes ☐ No ☑ Security Personnel Questions? Call 730-5421

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 ☐ No ☑ 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.

Jean Stojevich
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 to include 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? no 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 and Briana Johnson: Chalet, Performer and Flightline Directors
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 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: Jean Stojevich Date: 1-12-2026

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, TV, Social Media, Trade Publications, 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

5. Will alcohol service take place in City Parks? 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 Stevens _____ 1-12-2026
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? _____

THE CITY OF DULUTH MINNESOTA

City Clerk's Office

Room 318
411 West First Street
Duluth, Minnesota 55802-1189

218-730-5500
218-730-5923 Fax

APPLICATION

PERSONAL SUPPLEMENTAL AFFIDAVIT – LIQUOR LICENSE

This form must be completed by each of the following **(as applicable)** with a copy of driver's license or government issued ID attached:

- Applicant
- Manager(s)
- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Legal Name of Business	Kernz Kompany	2. Trade Name (DBA)	Kern Kompany Events & Mktg
3. Address of Licensed Premises	Duluth Airshow: Duluth Airport / Oktoberfest: Bayfront Park/ Duluth Drag Races - Garfield Avenue		
4. Business Phone	218-628-9996	5. Individual's Cell Phone	218-391-4356
6. Your Name (First, Middle, Last)	Ryan Kern	7. Place of Birth (City & State, or City & Country if outside U.S.)	Duluth, MN
8. Date of Birth (MM/DD/YYYY)	[redacted]	9. Email	ryan@kernkompany.com
10. Home Address	2725 Exhibition Drive, Duluth, MN 55811		
11. Social Security Number (SSN)	[redacted]	12. Driver's License or ID Number & Issuing State	[redacted]

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
2725 Exhibition Drive	Duluth	MN	55811	2010	present

14. Have you ever been known by any other name than the one listed on this application?

☐ Yes*	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
☑ No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

☑ Yes*	
☐ No	100%

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

☐ Yes*	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
☑ No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

☐Yes*	*If Yes, why?
☑No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

☐Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
☑No	

20. Have your read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☑ Yes
☐ No

DATA PRIVACY ADVISORY

The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Kern, Ryan Alan
Last Name First Name Middle Name

Also known as _____ Date of Birth: _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature _____ Date: 1/12/2026

VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) ~~Jean Stojevich~~ Ryan Kern, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit _____ Date 1/12/2026

Printed name of witness Katrina Patterson Witness Signature _____

THE CITY OF DULUTH MINNESOTA

City Clerk's Office

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- Owners, Partners, Directors, Officers, and Shareholders who own 10% or more of corporate stock unless the company is publicly traded.

NOTE: Type or print legibly and provide all information requested. Failure to do so may result in delay or rejection of license applications.

1. Legal Name of Business	Kernz Kompany	2. Trade Name (DBA)	Kern Kompany Events & Mktg
3. Address of Licensed Premises	Duluth Airshow: Duluth Airport / Oktoberfest: Bayfront Park/ Duluth Drag Races - Garfield Avenue		
4. Business Phone	218-628-9996	5. Individual's Cell Phone	218-391-4356
6. Your Name (First, Middle, Last)	Jean Stojevich	7. Place of Birth (City & State, or City & Country if outside U.S.)	Duluth, MN
8. Date of Birth (MM/DD/YYYY)	[redacted]	9. Email	jean@kernkompany.com
10. Home Address	801 E. 13th Street, Duluth, MN 55805		
11. Social Security Number (SSN)	[redacted]	12. Driver's License or ID Number & Issuing State	[redacted]

13. List your residences for the past ten (10) years – Attach additional sheets if necessary

Street Address	City	State	Zip	From	To
801 East 13th Street	Duluth	MN	55805	2001	present

14. Have you ever been known by any other name than the one listed on this application?

	*If yes, list all other names or aliases ever used, as well as the dates and locations (City, State/Country) of the use of each name:
☑ Yes*	Jean Dandrea, Jean Pehl
☐ No	

15. Are you an owner of this business? If so, indicate nature and percent of ownership interest:

☐ Yes*	
☑ No	

16. Do you, your spouse, or your children have any pecuniary interest or own any stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment licensed in Minnesota to sell intoxicating liquor or 3.2% malt liquor at retail or wholesale?

	*If yes, state the location of the establishments involved and fully describe the nature and extent of the interest:
☐ Yes*	
☑ No	

18. Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor, or had a license to sell intoxicating liquor, beer, wine, or 3.2% malt liquor suspended or revoked?

☐Yes*	*If Yes, why?
☑No	

19. Have you ever forfeited bail on or been convicted of violating any law relating to gambling, prostitution, public nuisances, possession of stolen property, assault, or the sale, distribution, manufacture, or transportation of alcoholic beverages?

☐Yes*	*If Yes, state the violation(s), the date and location of the violation, the maximum possible penalty of the violation, and whether or not the record of the conviction has been expunged:
☑No	

20. Have your read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages?

☑ Yes
☐ No

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The Minnesota Data Privacy Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse to provide this information, our investigation cannot be completed and will result in your application not being processed. The information you provide will be used by the Duluth Police Department, City Clerk's Office, the Alcohol, Gambling & Tobacco Commission, and the Duluth City Council.

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you signed it.

Individual Stojevich, Jean
Last Name First Name Middle Name

Also known as _____ Date of Birth: _____

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

Signature Jean Stojevich Date: 1-12-2026

VERIFICATION

The date which you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Social Security number (or Individual Tax ID Number only for individuals without a Social Security number) is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submitting this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

I, (print name) Jean Stojevich, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of any and all licenses/permits and may be grounds for prosecution of perjury.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signature of applicant completing affidavit Jean Stojevich Date 1-12-2026

Printed name of witness ~~Jen~~ Katrina Patterson Witness Signature Katrina Patterson

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 TTY 651-282-6555

APPLICATION AND PERMIT FOR A 1 DAY TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE

Name of organization	Date of organization	Tax exempt number
Duluth Airshow Wings Foundation	03/04/2008	[redacted]

Organization Address (No PO Boxes)	City	State	Zip Code
2110 West First Street	Duluth	MN	55806

Name of person making application	Business phone	Home phone
Jean Stojevich	218-628-9996	218-391-4356

Date(s) of event: July 11-12, 2026

Type of organization: ☐ Microdistillery ☐ Small Brewer ☐ Club ☐ Charitable ☐ Religious ☒ Other non-profit

Organization officer's name	City	State	Zip Code
Ryan Kern	Duluth	MN	55806
		MN	
		MN	

Location where permit will be used. If an outdoor area, describe.
Tents within Duluth International Airport grounds

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.
Kimmel Aviation Insurance: 5,000,000 each occurance and personal injury, 2500 Medical Expenses, 1,000,000 Liquor Liability

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

Event in conjunction with a community festival ☐ Yes ☐ No

City or County E-mail Address

Current population of city

Please Print Name of City Clerk or County Official

Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event
No Temp Applications faxed or mailed. Only emailed.
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*