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

RECEIVED
MAR 03 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 =	$ ~~0~~
TOTAL =	$ 60.00

LICENSEE BUSINESS NAME & ADDRESS:
MN Juvenile officials Assn
13955 Dunder Court
Roxmount, MN 55068

TRADE NAME OR NAME OF EVENT:
MNJOA Conference

BUSINESS PHONE NO: (651) 249-5619

MANAGER'S NAME & ADDRESS:
Megan Olstad
445 Minnesota Street
St. Paul, MN 55101

OWNER OF BUSINESS PREMISES:
Holiday Inn & Suites Downtown

EVENT LICENSE DATE (S): Monday June 15, 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.

Suzanne Dau
Suzanne Dau
MNJOA Conference Planner
(651) 249-5619
SIGNATURE OF APPLICANT

MAILING ADDRESS
5201 S. Summerfield Place
Sioux Falls, SD 57108

EMAIL: suz@mnjoa.org

CITY OF DULUTH
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

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

2. Trade Name: MNJOA

3. Address of place to be licensed: 200 West First Street, Duluth, MN 55802

4. Designated Serving Areas (i.e. round floor, second, deck, etc.)
The Lyric Conference Center, Flat, carpeted floor

5. Name and address of owner of building: Holiday Inn + Suites, Downtown
200 West First Street
Duluth, MN 55802

Any connection with applicant? No 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: Megan Olstad, MNJOA President
445 Minnesota Street, St Paul, MN 55101

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:
There is a charter school a few blocks away.

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.
No money, property or consideration will be paid.

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: Suzanne Dau Date: 03.11.2026
Suzanne Dau

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 105
   If Yes, how many people are you expecting to attend? 125

2. What kind of advertisement have you done? None, there will be no advertisments due to private nature.

3. What is the age of the target group for this event? 23-60

4. Will alcohol be sold or given away at this event? Yes, given away it is a tasting event

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.

Suzanne Dau
Applicant Signature Suzanne Dau

02.11.2026
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
651-201-7507 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
Minnesota Juvenile Officers Association	1955	[redacted]

Organization Address (No PO Boxes)	City	State	Zip Code
13955 Dandar Court	Rosemount	MN	55068

Name of person making application	Business phone	Home phone
Suzanne Dau	(651) 249-5619	N/A

Date(s) of event: Monday, June 15, 2026

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

Organization officer's name	City	State	Zip Code
Megan Oletad, President	St. Paul	MN	55101
Dustin Stenglein, Vice President	Minnetonka	MN	55345
Mike Eliason, Treasurer	Rosemount	MN	55068

Location where permit will be used. If an outdoor area, describe.
Holiday Inn & Suites Downtown - 200 West First Street, Duluth
Indoors - The Lyric Conference Center

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
Local Duluth Breweries; no contracts will be applicable for this beer tasting event. There will be no sales at this event.

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

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*