



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 AMERICAN LEGION Post 388		Date of organization 7/11/13	Tax exempt number 15-0000000
Organization Address (No PO Boxes) 306 LAWLER AVE N.	City HINCKLEY	State MN	Zip Code 55037
Name of person making application JOHN ROSTBERG		Business phone 	Home phone
Date(s) of event JULY 11, 12, 13	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name TOM EIFFLER	City 	State MN	Zip Code
Organization officer's name JOHN ROSTBERG	City 	State MN	Zip Code
Organization officer's name 	City 	State MN	Zip Code

Location where permit will be used. If an outdoor area, describe.

103 3RD ST SW

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.

WEST BEND INSURANCE COMPANY \$1,000,000/\$2,000,000

APPROVAL

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

City of Hinckley
City or County approving the license
150.00
Fee Amount

Date Approved

Permit Date

Event in conjunction with a community festival ☐ Yes ☒ No

adminassist@cityofhinckley.com
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**