



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 <b>AMERICAN LEGION POST 388</b>		Date of organization _____	Tax exempt number _____
Organization Address (No PO Boxes) <b>306 LAWLER AVE N</b>	City <b>HINCKLEY</b>	State <b>MN</b>	Zip Code <b>55037</b>
Name of person making application <b>JOHN ROSTBERG</b>	Business phone _____	Home phone <b>CEU</b>	
Date(s) of event <b>AUG 8 &amp; 9</b>	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 <b>TOM EIFFLER</b>	City _____	State <b>MN</b>	Zip Code _____
Organization officer's name <b>JOHN ROSTBERG</b>	City _____	State <b>MN</b>	Zip Code _____
Organization officer's name _____	City _____	State <b>MN</b>	Zip Code _____

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

**HINCKLEY COMMUNITY CENTER**

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	Date Approved _____
Fee Amount <b>100.00</b>	Permit Date _____
Event in conjunction with a community festival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or County E-mail Address <b>adminassist@City of Hinckley.com</b>
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**