



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 <i>Hinckley Athletic Assn.</i>	Date of organization	Tax exempt number <i>4 - 10001</i>	
Organization Address (No PO Boxes) <i>605 - 10001 - 10001</i>	City <i>Hinckley</i>	State <i>MN</i>	Zip Code <i>55037</i>
Name of person making application <i>Donald Thon</i>	Business phone <i>- 10001 - 10001</i>		Home phone
Date(s) of event <i>7-18 - 7-19</i>	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 <i>Tim Thon</i>	City <i>Hinckley</i>	State <i>MN</i>	Zip Code <i>55037</i>
Organization officer's name	City	State <i>MN</i>	Zip Code
Organization officer's name	City	State <i>MN</i>	Zip Code

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

*CORNER 68 1ST ST N/E & LAUREL AVEN HINCKLEY MN 55037*

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.

*Talon & Country Ins.*

**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**