

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

101 Bin

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

BEER

Name of organization		Date of orga	nization	Tax exempt number
MMERICAN LEGIONPOST 3	68	12/19/	1919	3
Organization Address (No PO Boxes)	City		State	Zip Code
306 LAWIER AVE N.	HINC	KLEY	MN	5503
Name of person making application		Business ph	one	Home phone
JOHN ROSTBERG				
Date(s) of event	Type of o	rganization	Microdistill	ery Small Brewer
4/12/2025	Club			us 🔀 Other non-profit
Organization officer's name	City		State	Zip Code
Tom EIFFLER			MN	
Organization officer's name	City		State	Zip Code
JOHN ROSTBERG			MN	Zip code
Organization officer's name	City	***************************************	State	Zip Code
			MN	Zip code
Location where permit will be used. If an outdoor area, describe				
If the applicant will carry liquor liability insurance please provide WEST BEND INSURANCE APPLICATION MUST BE APPROVED BY CITY OR COUNTY B City or County approving the license	Comp.	ANY 1	1,000,0	DE DE Z ODOJUCO NFORCEMENT
Fee Amount			Permit Da	te
Event in conjunction with a community festival 🔲 Yes 🔲 No		Cit		
Current population of city	-	City or	County E-m	ail Address
Please Print Name of City Clerk or County Official	Cianature	e City Clerk or Co		I I
CLERKS NOTICE: Submit this form to Alcohol and	Signature Gamblina E	e City Cierk or Co Enforcement	Division 5	1 20 dere milante e e e e e
No Temp Applications faxed or mailed. Only emaile ONE SUBMISSION PER EMAIL, APPLICATION OF	ed. NLY.			
PLEASE PROVIDE A VALID E-MAIL ADDRESS I	FOR THE C	ITY/COUN	TY AS AL	L TEMPORARY
PERMIT APPROVALS WILL BE SENT BACK VIA	EMAIL. E	-MAIL THE	APPLICA	TION SIGNED BY
CITY/COUNTY TO AGE.TEMPORARYAPPLICATION	<u>ON@STATI</u>	E.MN.US		