



**Minnesota Department of Public Safety**  
**Alcohol and Gambling Enforcement Division**  
 445 Minnesota Street, Suite 222, St. Paul, MN 55101  
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION AND PERMIT FOR A 1 DAY**  
**TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization 
 Date organized 
 Tax exempt number

Address 
 City 
 State 
 Zip Code

Name of person making application 
 Business phone 
 Home phone

Date(s) of event 
 Type of organization  Club  Charitable  Religious  Other non-profit

Organization officer's name 
 City 
 State 
 Zip Code

Organization officer's name 
 City 
 State 
 Zip Code

Organization officer's name 
 City 
 State 
 Zip Code

Organization officer's name 
 City 
 State 
 Zip Code

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

AP Design  
 501 MN-23  
 Marshall, MN 56258

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

No

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

No

**APPROVAL**

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

\_\_\_\_\_  
City or County approving the license

\_\_\_\_\_  
Fee Amount

\_\_\_\_\_  
Date Fee Paid

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Permit Date

\_\_\_\_\_  
City or County E-mail Address

\_\_\_\_\_  
City or County Phone Number

\_\_\_\_\_  
Signature City Clerk or County Official

\_\_\_\_\_  
Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**