



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.  
 June 17 5:00 - 7:00pm

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.

**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

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

\_\_\_\_\_  
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)**