



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		Date of organization		Tax exempt number	
Angels Among Us		4-26-2012		45-5041922	
Organization Address (No PO Boxes)		City	State	Zip Code	
14301 Parkside Court NW		Prior Lake	Minnesota	55372	
Name of person making application		Business phone		Home phone	
Deneen Stutzka				612-232-0899	
Date(s) of event	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer				
4-13-2024	<input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit				
Organization officer's name	City	State	Zip Code		
Deneen Stutzka	Prior Lake	Minnesota	55372		
Organization officer's name	City	State	Zip Code		
		Minnesota			
Organization officer's name	City	State	Zip Code		
		Minnesota			

Location where permit will be used. If an outdoor area, describe.
Gym/PAC Center at St. Wenc Catholic Church, 215 Main Street, New Prague, MN 56071

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

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
Catholic Mutual Group. \$1 Million

APPROVAL

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

City of New Prague	
City or County approving the license	Date Approved
\$100	4/13/2024
Fee Amount	Permit Date
Event in conjunction with a community festival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8,221	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**