

## Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division 445 Minnesota Street, Suite 1600, St. Paul, MN 55101 651-201-7507 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					
nurch of St. Wenceslaus		02/21/1885		41-0695519		
Address	City		State	Zip Code		
215 Main Street East	New Prague		Minnesota	56071		
Name of person making application		Business pho	one	Home phone		
Ruth Weinandt		952-758-322	.5	952-758-0466		
Date(s) of event	Type of org	anization	Microdistille	ry Small Brewer		
March 16, 2024	Club	Charitable		s Other non-profit		
Organization officer's name	City		State	Zip Code		
Fr. Eugene Theisen	New Pragu	New Prague		56071		
Organization officer's name	City		State	Zip Code		
			Minnesota			
Organization officer's name	City	City		Zip Code		
			Minnesota			
If the applicant will carry liquor liability insurance please provide Catholic Mutual Insurance \$500,000	the carrier's na	ıme and amou	nt of coverac	je.		
AI  APPLICATION MUST BE APPROVED BY CITY OR COUNTY B  City of New Prague	PPROVAL EFORE SUBMITTIN	G TO ALCOHOL A	ND GAMBLING E	ENFORCEMENT		
City or County approving the license		Date Approved				
\$100.00						
Fee Amount		Permit Date				
Date Fee Paid		City or County E-mail Address				
		City or County Phone Number				
Signature City Clerk or County Official	– Please P	rint Name of C	ity Clerk or C	ounty Official		
<b>CLERKS NOTICE:</b> Submit this form to Alcohol and			•			

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 <u>AGE.TEMPORARYAPPLICATION@STATE.MN.US</u>

		Cer	tifica	ate of (	Coverage	Da	te: 11/8/2023	
Certificate Holder Archdiocese of Saint Paul and Minneapolis Chancery Office 777 Forest Street		This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.						
St. Paul, MN 55106			Company Affording Coverage THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154					
Covered Location St. Wenceslaus Catholic Church/School 227 Main Street E New Prague, MN 56071								
Cover	rages							
indic certi	is to certify that the coverated, notwithstanding a ficate may be issued or a itions of such coverage.	ny requirement, term may pertain, the cover	or cond	lition of any orded describ	contract or other doc ed herein is subject (	cument with respect to v	vhich this	
	Type of Coverage	Certificate Number	Cover	age Effective Date	Coverage Expiration Date	Limits		
	Property					Real & Personal Property		
	D. General Liability					Each Occurrence	500,000	
	_					General Aggregate		
	<b>✗</b> Occurrence			20		Products-Comp/OP Agg		
	Claims Made	8589	7/1/2023	23	7/1/2024	Personal & Adv Injury		
	Claims Wade					Fire Damage (Any one fire)		
						Med Exp (Any one person)		
	Excess Liability	0.500	7/1/200		7/1/0004	Each Occurrence	500,000	
		8589	7/1/202	2.3	7/1/2024	Annual Aggregrate		
	Other					Each Occurrence		
						Claims Made		
						Annual Aggregrate		
						Limit/Coverage		
Descri	ption of Operations/Location	s/Vahiclas/Spacial Itams (t	he followin	na languaga sun	arsades any other language	to in this and argument or the	Cartificate in	
conflic Cover	et with this language) age is verified with regar les Liquor Liability and F	d to Covered Location's	s School	Auction Fun				
Holder	r of Certificate				ellation			
City of New Prague 118 Central Avenue North New Prague, MN 56071				Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.				
011101	14208			Authori	zed Representative	huef a. fut		