



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: MIDWEST COUNTRY MUSIC ORGANIZATION  
Date of organization: 8/8/2017  
Tax exempt number: 82-2166304

Organization Address (No PO Boxes): 6019 CREEKRIDGE COURT  
City: MINNETONKA  
State: MN  
Zip Code: 55345

Name of person making application: BOB KESELEY  
Business phone: 612-387-7580  
Home phone: [blank]

Date(s) of event: 6/01/2024  
Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: BOB KESELEY  
City: MINNETONKA  
State: MN  
Zip Code: 55345

Organization officer's name: PAUL THOMAS  
City: MAPLE GROVE  
State: MN  
Zip Code: 55369

Organization officer's name: RYAN PILGRAM  
City: WACONIA  
State: MN  
Zip Code: 55382

Location where permit will be used. If an outdoor area, describe.  
212 MAIN ST. W, NEW PRAGUE 56071. EVENT WILL BE INDOORS AND OUTSIDE ON THE PROPERTY.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
1319 WOODFIRE TAVERN, 125 MAIN ST. E. NEW PRAGUE, MN 56071

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
ATLAS INSURANCE BROKERS. 1,000,000.00

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

\$100

Fee Amount

Event in conjunction with a community festival  Yes  No

8,221

Current population of city

Josh Tetzlaff, City Administrator

Please Print Name of City Clerk or County Official

Date Approved

June 1, 2024

Permit Date

jrhoenwald@ci.new-prague.mn.us  
City or County E-mail Address

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**