



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 | |
| Church of St. Wenceslaus | | 02/21/1885 | | 41-0695519 | |
| Organization Address (No PO Boxes) | | City | State | Zip Code | |
| 215 Main Street East | | New Prague | MN | 56071 | |
| Name of person making application | | Business phone | | Home phone | |
| Marcella Dvorak | | 952-758-3225 | | 952-758-3995 | |
| Date(s) of event | | Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer | | | |
| August 10, 2025 | | <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other non-profit | | | |
| Organization officer's name | | City | State | Zip Code | |
| Fr. Eugene J. Theisen | | New Prague | MN | 56071 | |
| Organization officer's name | | City | State | Zip Code | |
| | | | MN | | |
| Organization officer's name | | City | State | Zip Code | |
| | | | MN | | |

Location where permit will be used. If an outdoor area, describe.
Between the Church and the School Building - 215 Main Street East

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

N/A

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 of New Prague
City or County approving the license
\$100
Fee Amount

Date Approved
8-10-25
Permit Date

Event in conjunction with a community festival ☐ Yes ☒ No

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

Certificate of Coverage

Date: 5/28/2025

Certificate Holder
 Archdiocese of Saint Paul and Minneapolis
 Chancery Office
 777 Forest Street
 St. Paul, MN 55106

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.

Company Affording Coverage
 THE CATHOLIC MUTUAL RELIEF
 SOCIETY OF AMERICA
 10843 OLD MILL RD
 OMAHA, NE 68154

Covered Location
 ST WENCESLAUS CHURCH
 215 EAST MAIN STREET
 NEW PRAGUE, MN 56071

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

| Type of Coverage | Certificate Number | Coverage Effective Date | Coverage Expiration Date | Limits | |
|--|--------------------|-------------------------|--------------------------|----------------------------|---------|
| Property | | | | Real & Personal Property | |
| D. General Liability | 8589 | 7/1/2025 | 7/1/2026 | Each Occurrence | 500,000 |
| <input checked="" type="checkbox"/> Occurrence | | | | General Aggregate | |
| <input type="checkbox"/> Claims Made | | | | Products-Comp/OP Agg | |
| | | | | Personal & Adv Injury | |
| | | | | Fire Damage (Any one fire) | |
| | | | | Med Exp (Any one person) | |
| Excess Liability | 8589 | 7/1/2025 | 7/1/2026 | Each Occurrence | 500,000 |
| | | | | Annual Aggregate | |
| Other Liquor Liability | | 7/1/2025 | 7/1/2026 | Each Occurrence | 500,000 |
| | | | | Claims Made | |
| | | | | Annual Aggregate | |
| | | | | Limit/Coverage | |

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage is verified with regard to Covered Location's Parish Festival, to be held on parish grounds, August 10, 2025.

Includes Liquor Liability

Holder of Certificate

City of New Prague
 118 Central Avenue North
 New Prague, MN 56071

Cancellation

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.

Authorized Representative

Paul A. Peterson

0111015383