



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 <b>New Prague Chamber of Commerce</b>		Date organized	Tax exempt number
Address <b>101 E. Main St.</b>		City <b>New Prague</b>	State <b>MN</b>
		Zip Code <b>56071</b>	
Name of person making application <b>Brooke Sticha</b>		Business phone <b>758-4360</b>	Home phone
Date(s) of event <b>September 19-20, 2025</b>		Type of organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit	
Organization officer's name <b>Carla Sticha</b>		City <b>New Prague</b>	State <b>MN</b>
		Zip Code <b>56071</b>	
Organization officer's name <b>Cassie Barten</b>		City <b>New Prague</b>	State <b>MN</b>
		Zip Code <b>56071</b>	
Organization officer's name		City	State
			<b>MN</b>
Organization officer's name		City	State
			<b>MN</b>

Location where permit will be used. If an outdoor area, describe.

**Central Ave N. on street with stage (beer garden, enclosed)**

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.

**New Prague Chamber of Commerce - \$1,000,000**

**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)