



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
Giesenbrau Bier Co	Feb 2017	4664430

Organization Address (No PO Boxes)	City	State	Zip Code
1306 1st St NE	New Prague	MN	56071

Name of person making application	Business phone	Home phone
Erin F Hutton	9527584226	7202248277

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input checked="" type="checkbox"/> Small Brewer
March 22nd 2025	<input type="checkbox"/> Club	<input type="checkbox"/> Charitable	<input type="checkbox"/> Religious
	<input type="checkbox"/> Religious	<input type="checkbox"/> Other non-profit	

Organization officer's name	City	State	Zip Code
Erin F Hutton	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.
 We are hosting an Event called the Slavic Experience and would like to have the ability to extentend into our parking lot fenced off and allow people to drink in the parking lot. It will be fenced in and Possibly with a tent. and we would use the north set of doors on ther front of the building as our main entrance

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.
 cincinnati insurance \$2,000,000

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

8,162
 Current population of city

Joshua Tetzlaff
 Please Print Name of City Clerk or County Official

_____ Date Approved

3-22-25
 Permit Date

aschapekahn@ci.new-pragve.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