



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

postlemanager@gmail.com

**APPLICATION AND PERMIT FOR A 1 DAY  
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization: American Legion Post 60 Date of organization: 1972 Tax exempt number: 0422183

Organization Address (No PO Boxes): 117 S Hiawatha Ave City: Pipestone State: MN Zip Code: 56164

Name of person making application: Amanda Hoss Business phone: 507-825-3211 Home phone: 817-689-2515

Date(s) of event: 5/16/26 Type of organization:  Microdistillery  Small Brewer  
 Club  Charitable  Religious  Other non-profit

Organization officer's name: Chris Hoss City: Pipestone State: MN Zip Code: 56164

Organization officer's name: Derrick Ferrite City: Pipestone State: MN Zip Code: 56164

Organization officer's name: Justin Olsen City: Pipestone State: MN Zip Code: 56164

Location where permit will be used. If an outdoor area, describe.  
In Pipestone Performing Arts Center

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
American Legion Post #60  
117 S Hiawatha Ave, PO Box 233 Pipestone mn 56164

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
Acuity NAIC # 14184 \$500,000

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City of Pipestone  
City or County approving the license

\$50.00  
Fee Amount

Event in conjunction with a community festival  Yes  No

Current population of city

Date Approved

Permit Date

City or County E-mail Address

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**