



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

Post6manager@gmail

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

Name of organization American Legion Post #6		Date of organization 1972	Tax exempt number 0422183
Organization Address (No PO Boxes) 1175 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 6/25/26 to 6/27/26	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 Fennite	City Pipestone	State MN	Zip Code 56164
Organization officer's name Justin Olson	City Pipestone	State MN	Zip Code 56164

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

Pipestone Chamber

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

American Legion Post 6
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	Date Approved
Event in conjunction with a community festival ☒ Yes ☐ No 4039 Current population of city	Permit Date City Clerk or County E-mail Address cityclerk@pipestonemn.gov
Please Print Name of City Clerk or County Official Megan DeWitte	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**