



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
Spring Lake Park Lions Club	2-19-24	41-1340927

Organization Address (No PO Boxes)	City	State	Zip Code
8433 Center Drive	Spring Lake Park	Minnesota	55432

Name of person making application	Business phone	Home phone
Amanda Jackson	7637849179	

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Small Brewer	
June 8th & 9th 2024	<input type="checkbox"/> Club	<input checked="" type="checkbox"/> Charitable	<input type="checkbox"/> Religious	<input type="checkbox"/> Other non-profit

Organization officer's name	City	State	Zip Code
Ryan Julien	Blaine	Minnesota	55434

Organization officer's name	City	State	Zip Code
Stefanie Nelson	Brooklyn Center	Minnesota	55429

Organization officer's name	City	State	Zip Code
Pete Yelle	Minneapolis	Minnesota	55414

Location where permit will be used. If an outdoor area, describe.
Parking lot of Lakeside Lions Park - 7840 Pleasant View Drive - Spring Lake Park MN 55432

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.
Policy #A169483
1 million covered each occurrence

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

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