



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		41-1340927	
Organization Address (No PO Boxes)	City	State	Zip Code
8433 Center Drive	Spring Lake Park	MN	55432
Name of person making application	Business phone	Home phone	
Amanda Jackson	763-286-5039		
Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer	
June 5th & 6th 2026	<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	MN	55434
Organization officer's name	City	State	Zip Code
Shelly Barrett	Spring Lake Park	MN	55432
Organization officer's name	City	State	Zip Code
Cathy St. Martin	Spring Lake Park	MN	55432

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

Lake Side Lions Park in Spring Lake Park. Outdoor park, beer trailer will be set up near the boat house building.

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

Capitol Beverage Rep. Alex Miller
295 State St, St Paul, MN 55107

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

West Bend Insurance Company Policy #A169483 09 \$550,000
1900 S 18th Ave West Bend Wi 53095

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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