



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: Spring Lake Park Lions Club Date of organization: \_\_\_\_\_ Tax exempt number: 41-1340927

Organization Address (No PO Boxes): 8433 Center Dr City: Spring Lake Park State: MN Zip Code: 55432

Name of person making application: Armanda Jackson Business phone: 763 784 9179 Home phone: \_\_\_\_\_

Date(s) of event: June 14 + 15 2025 Type of organization:  Club  Charitable  Religious  Other non-profit  Microdistillery  Small Brewer

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

Organization officer's name: Shelly Barrett City: Spring Lake Park State: MN Zip Code: 55432

Organization officer's name: \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_

Location where permit will be used. If an outdoor area, describe.  
Lakeside Lions Park - near the Activity Boat house is where we set up  
7840 Pleasantview Dr 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.  
Capitol Beverage Sales  
20240 South Diamond Lake Road PO Box 180 Rogers MN 55374  
 If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
West Bend Policy # A169483 Limits: Aggregate \$1,000,000 -  
Common Cause \$1,000,000 -

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**