

TEMPORARY STRONG BEER APPLICATION

NAME OF ORGANIZATION: <i>St. Francis Lions Club</i>	DATE: <i>4-14-26</i>
PERSON RESPONSIBLE: <i>Lois Payment</i>	PHONE: <i>612-600-1839</i>
ADDRESS: <i>P.O. Box 173 / 3750 Bridge St. St Francis MN 55070</i>	PHONE: <i>612-600-1839</i>
DATE(s) OF EVENT: <i>5-29-26 to 5-31-26</i>	
TYPE OF EVENT: <i>Pioneer Days</i>	
LOCATION OF EVENT: <i>Lions Community Park</i>	
NAME OF INSURANCE COMPANY: <i>West Bend Ins.</i>	

Liability \$25,000/\$50,000

Property Damage \$5,000

*Copy of Insurance must be attached to application

SIGNATURE OF APPLICANT:	<i>Lois Payment</i>
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FOR CITY USE ONLY

FEE: \$25.00

Receipt #	Council Approval:
License #	
Council Stipulations:	



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization Date organized Tax exempt number

Address City State Zip Code

Name of person making application Business phone Home phone

Date(s) of event Type of organization Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name City State Zip Code

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Location where permit will be used. If an outdoor area, describe.
Lions Community Park 22825 St. Francis Blvd. N.W. St. Francis MN 55070
Held under Pavillion *Event: St. Francis Pioneer Days*

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.
West Bend Insurance *Liability C031038 # 1,000,000*
Liquor liability C031057 # 1,000,000

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

<input type="text"/>	<input type="text"/>
City or County approving the license	Date Approved
<input type="text"/>	<input type="text"/>
Fee Amount	Permit Date
<input type="text"/>	<input type="text"/>
Date Fee Paid	City or County E-mail Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	City or County Phone Number
<input type="text"/>	<input type="text"/>

Signature City Clerk or County Official _____ Approved Director Alcohol and Gambling Enforcement _____
 CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

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

