



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 Faribault Area chamber Date organized _____ Tax exempt number _____

Address 530 Wilson Avenue City Faribault State MN Zip Code 55021

Name of person making application Cassandra Steeves Business phone 507 334 4381 Home phone 507 4916175

Date(s) of event 9-17-2020 Type of organization Club Charitable Religious Other non-profit

Organization officer's name Bart Jackson City Faribault State MN Zip Code 55021

Organization officer's name Tom Klemmer City Faribault State MN Zip Code 55021

Organization officer's name Suzanne Terry City Faribault State MN Zip Code 55021

Organization officer's name Natalie Ginter City Faribault State MN Zip Code 55021

Location where permit will be used. If an outdoor area, describe.
Faribault West Mall
200 Western Ave
Faribault MN 55021 } Utilizing one entrance ONLY!

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.

Faribo Insurance
1404 7th St NW
Faribault MN 55021 } MJUA
1,100,000

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

Date Fee Paid

City or County E-mail Address

City or County Phone Number

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