



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  
 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.

*400 Block of Central Ave. Faribault  
 in Bannicaded area w/ wristbands used & ID's checked.*

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

*Sauers Southside  
 401 10<sup>th</sup> St. SW.  
 Faribault, MN 55021*

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



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"/>
	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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)