



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 Bethlehem Academy Date organized 18u5 Tax exempt number [REDACTED]

Address 105 3rd Ave SW City Fanbault State MN Zip Code 55021

Name of person making application Lisa Moon Business phone 507-334-3948 Home phone [REDACTED]

Date(s) of event 04/10/2021 Type of organization Club Charitable Religious Other non-profit

Organization officer's name Melinda Reeder City Montgomery State MN Zip Code 56009

Organization officer's name Lisa Moon City Fanbault State MN Zip Code 55021

Organization officer's name Kathy Nass City Fanbault State MN Zip Code 55021

Organization officer's name Mike Donkers City Fanbault State MN Zip Code 55021

Location where permit will be used. If an outdoor area, describe.
Bethlehem Academy Gynasium or outdoors on back lawn.
105 3rd Ave SW
Fanbault MN 55021

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.

Heartman Insurance - Full coverage 1,000,000.

APPROVAL

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

Fanbault
 City or County approving the license
\$ 35.00
 Fee Amount
 Date Fee Paid

 Date Approved

 Permit Date

 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