



# City of Farmington

## Checklist for Temporary On-Sale Liquor License

**Business Name:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

- A temporary On-Sale Liquor License can only be issued to: clubs, charitable organizations, religious organizations or a non-profit.
- This license can not be issued to an individual.
- There is no fee.
- The State of Minnesota allows 12 events per organization, per year.
- Each location is only allowed to host 12 events per year.
- Once City Council approval is received, the application must be sent to the state.
- **State of Minnesota approval may take up to 30 days.**

### Required Documents

### Applicant Initials

### City Staff Initials

1. State Temporary On-Sale Liquor License (Form PS-0979)

\_\_\_\_\_

\_\_\_\_\_

Police Background Check completed and approved by \_\_\_\_\_ Date \_\_\_\_\_

### Liquor License Fees

Beer, On-Sale, Temporary \$0



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar Street Suite 222, St. Paul MN 55101-5133  
 (651) 201-7507 Fax (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US



**APPLICATION AND PERMIT  
 FOR A 1 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

TYPE OR PRINT INFORMATION

NAME OF ORGANIZATION	DATE ORGANIZED	TAX EXEMPT NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF PERSON MAKING APPLICATION	BUSINESS PHONE ( )	HOME PHONE ( )	
DATES LIQUOR WILL BE SOLD	TYPE OF ORGANIZATION <input type="checkbox"/> CLUB <input type="checkbox"/> CHARITABLE <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> OTHER NONPROFIT		
ORGANIZATION OFFICER'S NAME	ADDRESS		
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Location license will be used. If an outdoor area, describe

Will the applicant contract for intoxicating liquor service? If so, give the name and address of the liquor licensee providing the service.

Will the applicant carry liquor liability insurance? If so, please provide the carrier's name and amount of coverage.

**APPROVAL**

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

CITY/COUNTY \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

CITY FEE AMOUNT \_\_\_\_\_

LICENSE DATES \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_

SIGNATURE CITY CLERK OR COUNTY OFFICIAL

APPROVED DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT

**NOTE: Submit this form to the city or county 30 days prior to event. Forward application signed by city and/or county to the address above. If the application is approved the Alcohol and Gambling Enforcement Division will return this application to be used as the License for the event**