



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
 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Name of person making application	Business phone	Home phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date(s) of event	Type of organization
<input type="text"/>	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Location where permit will be used. If an outdoor area, describe.

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.

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**