



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 TTY 651-282-6555

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

Name of organization _____ Date of organization _____ Tax exempt number _____

Organization Address (No PO Boxes) _____ City _____ State _____ Zip Code _____
 (State dropdown contains 'MN')

Name of person making application _____ Business phone _____ Home phone _____

Date(s) of event _____ Type of organization Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name _____ City _____ State _____ Zip Code _____
 (State dropdown contains 'MN')

Organization officer's name _____ City _____ State _____ Zip Code _____
 (State dropdown contains 'MN')

Organization officer's name _____ City _____ State _____ Zip Code _____
 (State dropdown contains 'MN')

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 of Chanhassen
 City or County approving the license

 Date Approved

None
 Fee Amount

 Permit Date

Event in conjunction with a community festival Yes No

jpotter@chanhassenmn.gov
 City or County E-mail Address

26,224
 Current population of city

Jenny Potter, City Clerk
 Please Print Name of City Clerk or County Official

 Signature City Clerk or County Official

**CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event
 No Temp Applications faxed or mailed. Only emailed.
 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**