



CITY OF THIEF RIVER FALLS

Temporary Intoxicating Liquor License Application

City Code Section 111.086

APPLICANT: _____

(must be a club, charitable, religious, or non-profit organization, duly incorporated as a nonprofit or religious corporation under the laws of Minnesota and in existence for at least three years or a political committee registered under MS 10A.14 and applicant must sponsoring the event that alcohol is being served)

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____

TYPE OF EVENT: _____

LICENSING PERIOD: _____

HOURS OF OPERATION: _____

FACILITY/PLACE TO BE USED: _____

Applicant will present this request to the City Administrator's Office who will forward the application to the Public Safety Committee for review. The application must be presented to the City Administrator's Office at least one month before the event. The Public Safety Committee will present their recommendation to the City Council for action.

If approved, the license will not become valid until approved by the Commissioner.

If approved, the applicant must provide suitable Proof of Insurance covering liquor liability. The City of Thief River Falls shall be named as an additional insured.

Cost of the license is \$35.00 per day.

Applicant shall comply with all restrictions, limitations, and regulations for the sale of liquor under the City Code and State Statutes.

Applicant hereby agrees to obtain a resolution of its governing board wherein applicant agrees to indemnify and hold harmless the City of Thief River Falls and its elected officials, employees, and agents, from and against any and all liabilities, judgements, settlements, losses, costs, or charges, including attorneys' fees, incurred by the City of Thief River Falls, and/or any of its elected officials, employees, and agents, as a result of any claim, demand, action, or suit relating to any bodily injury (including death), loss of property, and/or property damage caused by, arising out of, or relating to or associated with the granting of a temporary intoxicating liquor license to applicant.

Applicant also understands that all information contained on this application is public data according to Chapter 13 of the Minnesota State Statute. Failure to provide the requested information may result in the application being denied.

SIGNATURE OF APPLICANT

DATE



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="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer | | |
| <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