



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

2.3.7

Name of organization Mineral Springs Brewery		Date organized June 2018	Tax exempt number
Address 111 N Walnut Ave	City Owatonna	State Minnesota	Zip Code 55060
Name of person making application Bill Cronin		Business phone 5074136281	Home phone
Date(s) of event 8/13/2021	Type of organization <input type="checkbox"/> Microdistillery <input checked="" type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name Jeanne Buecksler	City Owatonna	State Minnesota	Zip Code 55060
Organization officer's name	City	State Minnesota	Zip Code
Organization officer's name	City	State Minnesota	Zip Code

Location where permit will be used. If an outdoor area, describe.
 Mineral Springs Park Pavilion - Owatonna Class of 1971 Event (park permits filed by the Class separately)

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.
 Cincinnati pol# ETD0503616; \$1,000,000 limit

APPROVAL

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

<u>Owatonna</u> City or County approving the license	Date Approved
<u>\$50-</u> Fee Amount	Permit Date
<u>June 2, 2021</u> Date Fee Paid	City or County E-mail Address
Signature City Clerk or County Official	City or County Phone Number
Please Print Name of City Clerk or County Official	

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**