

THE CITY OF



OWATONNA

540 West Hills Circle  
Owatonna, MN 55060-4794  
Ph. (507) 774-7341  
FAX: (507) 444-4394

APPLICATION  
TEMPORARY ON-SALE LIQUOR LICENSE  
SECTION 806:05, Subd 5, 1992 ORDINANCE CODE  
CITY OF OWATONNA

I, \_\_\_\_\_, hereby make application for a "Temporary On-Sale" Liquor License to sell Liquor at \_\_\_\_\_ located at \_\_\_\_\_ on \_\_\_\_\_ for the period of time from \_\_\_\_\_ to \_\_\_\_\_ in the City of Owatonna under Section 806:05, Subd 5, 1992 Ordinance Code. I am representing

\_\_\_\_\_ a:  
\_\_\_\_\_ Club \_\_\_\_\_ Religious \_\_\_\_\_ Non-Profit Organization

I am a citizen of the United States and a person of good character and reputation. I have read the above mentioned Section 806:05, Subd 5, 1992 Ordinance Code of Owatonna and have knowledge of its terms and provisions, and I agree to obey all the terms, provisions and requirements of said ordinance and all other ordinances of the City of Owatonna and all the laws of the State of Minnesota.

I understand and agree that:

- 1) The City Council has and reserves the right to cancel and revoke any license issued to me under the said ordinance, either with or without cause, and either with or without notice to me and either with or without returning to me any part or all other license fee.
- 2) City Staff must approve this request and will be provided with all necessary information. If needed, I will meet with City Staff to provide event information.

Each applicant shall furnish a certificate of liquor liability insurance, issued by a company authorized to write such insurance in Minnesota, is at least the following amounts: \$250,000 each person/\$500,000 each occurrence and said policy shall include provisions naming the City of Owatonna as an additional insured.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Police Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Street Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

City Council Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Special Provisions: \_\_\_\_\_



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar Street Suite 133, 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 (circle one) <input type="checkbox"/> CLUB <input type="checkbox"/> CHARITABLE <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> OTHER NONPROFIT		
ORGANIZATION OFFICER'S NAME	ADDRESS		
ORGANIZATION OFFICER'S NAME	ADDRESS		
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Location license will be used. If an outdoor area, describe

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

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

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**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**