



# THE CITY OF

# OWATONNA

City Administration  
Kris M. Busse, City Administrator  
Jeanette Clawson, Administrative Specialist

540 West Hills Circle  
Owatonna, MN 55060-4794  
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DATE: March 16, 2020  
TO: Honorable Mayor, City Council Members and City Administrator  
FROM: Jeanette Clawson, Administrative Assistant  
SUBJECT: Cancel Temporary Liquor Permit

**Purpose:**

Council to cancel a Temporary Liquor Permit approved during the March 4, 2020 Council Meeting.

**Background:**

During the last Council Meeting, application for a Temporary Liquor Permit was approved for Two River Habitat for Humanity for event planned on April 4, 2020. The organization has canceled the event because of public concern for COVID-19. Today, our office was advised of their decision and request refund of the permit fee. The application was pending final approval at the state office of the Alcohol and Gambling Enforcement Division and canceled prior to issuance.

**Budget Impact:**

Refund the \$50.00 license application fee.

**Recommendation:**

Staff recommends approval of this refund.



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: TWO RIVERS HABITAT for Humanity Date organized: 1990 Tax exempt number: 41-1664786

Address: 1530 SW GREENVIEW DRIVE #107 City: ROCHESTER State: Minnesota Zip Code: 55902

Name of person making application: KEVIN QUATTRO Business phone: 507-273-1418 Home phone: \_\_\_\_\_

Date(s) of event: APRIL 4, 2020 Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: KEVIN WOODEN City: ROCHESTER State: Minnesota Zip Code: 55902

Organization officer's name: TAYLOR HEIGMAN 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.  
HOPS for HABITAT @ Four Seasons

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

CANCELLED 3/16/20 - REFUND REQUESTED  
Kd

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

Lockton Affinity, LLC, US Specialty Ins. Co.  
2M General Liab / MIM Each Occ. / Attached

APPROVAL

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

Owatonna  
 City or County approving the license

\$50-  
 Fee Amount

2/26/2020  
 Date Fee Paid

Kris M Busse  
 Signature City Clerk or County Official

3/4/2020  
 Date Approved

4/4/2020  
 Permit Date

Jeanette Clawson @ Cl. owatonna. mn.us  
 City or County E-mail Address

507-774-7341  
 City or County Phone Number

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