



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**

Name of organization Vergas Community Club		Date organized Jan 1, 1960	Tax exempt number
Address PO Box 264	City Vergas	State Minnesota	Zip Code 56587
Name of person making application Cheryl Hanson		Business phone 218-342-2481	Home phone
Date(s) of event August 14, 2021	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input checked="" type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name Cheryl Hanson	City Vergas	State Minnesota	Zip Code 56587
Organization officer's name Renee Sonnenberg	City Vergas	State Minnesota	Zip Code 56587
Organization officer's name Sydney Dahlgren	City Vergas	State Minnesota	Zip Code 56587
Location where permit will be used. If an outdoor area, describe. Railway Avenue			

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.
League of Minnesota Cities

APPROVAL

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

<u>Vergas City</u> City or County approving the license	Date Approved
<u>0</u> Fee Amount	Permit Date
Date Fee Paid	City or County E-mail Address
	City or County Phone Number
Signature City Clerk or County Official	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