



TEMPORARY ON SALE LIQUOR LICENSE CHECKLIST

Office of the City Clerk

Business Name:

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and completed.

The City Council may grant a Club or charitable, religious or other nonprofit organization, including a state registered political committee a temporary on-sale license to sell or serve intoxicating liquor for consumption on the premises in connection with a social event within the City sponsored by the licensee.

- To apply for a temporary liquor license, you will need to provide the following prior to issuance of license certificate by the City of South St. Paul:
- City of South St. Paul application for a Temporary On-Sale Liquor License
- State License Certification Form
- Written consent of the owners or manager of the premises if the applicant is different from the property owner, person or group with lawful re-sponsibility for the premises where intoxicating liquor will be sold or served **OR** a copy of your permit for use of the location.
- Certificate of Insurance with proof of liquor liability insurance in the form and amounts as required by MS. Chapter 240A. A sample of the necessary requirements is included in the packet.
- Payment of \$50.00 license fee. (\$50.00 per day with a maximum of 4 consecutive days).**
- Security plan and map of the location. The application will not be accepted without a security plan for the event, which is subject to SSP Police Dept. approval.

Guidelines

1. Temporary on-sale liquor sales should be conducted in accordance with the City of South St. Paul City Code.
2. Good judgment should be used in sales and display of intoxicating liquor.
3. Individuals making sales or serving are responsible for people the intoxicating liquor is provided to. A special effort must be made to restrict all sales to people over 21 years of age. All sales persons must be 21 years of age.
4. Hours of sale must be stated on the permit. No sales may be made before noon on Sundays and before 8:00 a.m. or after 1:00 a.m. on other days. Permitted hours of sale on holidays may differ.



City of South St. Paul TEMPORARY ON SALE LIQUOR LICENSE

City Clerk's Office

Organization Name:	Phone:
Address:	City, State, Zip
Minnesota Business Tax ID#:	Federal Business Tax ID#:
Type of Organization: <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other Nonprofit	Date Organized:

Organization Officer's Name:	Phone #:
Address:	City, State, Zip
Driver's License Number:	State of Issuance:
Date of Birth:	

EVENT INFORMATION

Name of Event:	Event Location:
Date(s) of Event:	Time of Event:
Manager/Contact Person of Facility/Event:	Manager/Contact Person Telephone Number:

SECURITY PLAN	
Security Plan Approved by Police Department:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Date: _____
Police Department Signature	

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application. I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Business License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

Date of Application:	Signature of Applicant
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Certificate of Compliance—Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor Industry.

Insurance Company Name (not the agent)	Policy Number:
Dates of Coverage: _____ to _____	
OR	
REASON FOR EXEMPTION FROM WORKERS' COMPENSATION	
<i>If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651 284. 032 or 1-800-342-5354.</i>	
I am not required to have workers' compensation liability coverage for the reason identified below:	
I have no employees. See Statutes 1 6.011, subd. for the definition of an employee.	
I am self-insured for workers compensation attached is a copy of the authori ation to self-insure from the Department of Commerce .	
I have employees but they are not covered by the workers compensation law See Statutes 1 6.041 for a list of excluded employees	
<i>I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.</i>	
Date of Application:	Signature of Applicant



City Clerk's Office
125 3rd Avenue North
South St. Paul, MN 55075

SECURITY PLAN - TEMPORARY ON-SALE LIQUOR LICENSE

Location of where permit will be used and description of outdoor area:

Security plan:

Hours of event(s):

Please use the space below or attach additional page(s) for a drawing of the area the event will take place including location of alcohol, fences and security if needed:



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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: 1px solid black;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Name of person making application	Business phone	Home phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date(s) of event	Type of organization
<input style="width: 100%;" 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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: 1px solid black;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: 1px solid black;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
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Organization officer's name	City	State	Zip Code
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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**

