

Temporary On Sale Liquor License

Requests for on sale liquor at an event requires a temporary license. (including community events). If applying for a temporary license to be in connection with a community festival, provide a letter of request with application.

- License can be issued to a club or charitable, religious or non-profit organization in existence for at least 3 years having an **Internal Revenue Service Determination Letter**.
- The City Council **shall not award more than one temporary license** to any one organization or registered political committee annually *unless the license is issued in connection with an event officially designated as a community festival by the City Council.* [City Code 6.2.02, Subd. 2(A.)(1.)]
- The licensee may contract for intoxicating liquor catering services with the holder of a full year on sale intoxicating liquor license issued by the municipality. [City Code 6.2.02 Subd. 2(A.)(3.)]
(NOTE: Alcohol must be provided **and served** by the on sale liquor license holder *issued by the City of Cloquet.*)
- **Fill out City of Cloquet Temporary On Sale Liquor License Application.**
- **Fill out Form #9079 “Application and Permit for a 1 to 4 Day Temporary On-Sale Liquor License” from the Alcohol and Gambling Enforcement Division**

City Fee: \$ 50.00 per day paid at the time of application. [City Code 6.2.02 Subd. 2 (A.)(4.)]

Insurance: Must provide a certificate of insurance providing proof of liability and dram shop insurance in an amount of \$500,000 per claim and \$1,000,000 in aggregate. **The City will be added as a named insured on any such certificate** and will be given Ten (10) days written notice prior to termination of any such policy.
[City Code 6.2.02 Subd. 2 (A.)(4.)]

Police Security: Applicant shall deposit **at the time of application** an amount to reimburse all costs for two police officers on location during which time liquor is sold plus an additional hour for police to secure event closing.
[City Code 6.3.04 Subd. 4]

Police Officer Fee: \$60.00 per hour each -minimum 2 police officers on location

Liquor in a parking lot is required to be fenced in. [City Code 6.3.04 Subd. 3]

Apply 60 days prior to event.

LICENSE IS NOT VALID UNTIL APPROVED BY THE COMMISSIONER OF PUBLIC SAFETY.

If the City Council determines the application to be in conjunction with a community festival, a temporary license is not required to be submitted to the State. The City Council may *authorize* a holder of an on sale intoxicating liquor license issued by the City to dispense intoxicating liquor off premises. The authorization shall specify the area in which the intoxicating liquor must be dispensed and consumed and licensee must provide proof of liability insurance to cover the event.

(MN Stat. 340A.404 Subd. 4)



CITY ADMINISTRATOR'S OFFICE

1307 Cloquet Avenue, Cloquet MN 55720
Phone: 218-879-3347 Fax: 218-879-6555
www.ci.cloquet.mn.us
email: admin@ci.cloquet.mn.us

CITY OF CLOQUET
TEMPORARY ON SALE LIQUOR LICENSE APPLICATION

Check all that apply: Indoor Entertainment Outdoor Entertainment No Entertainment

Organization Name: _____

Organization Address: _____

City, State, Zip: _____

Purpose of the Organization: _____

Is this organization a:

- Charitable, religious, or non-profit organization? Yes No
If yes, attach a copy of the non-profit certificate of incorporation or IRS 501(c)(3) letter.
- Political committee registered under Minnesota Statute 10A.14? Yes No
- Organization which has been existence for three (3) years? Yes No

Contact Person Name: _____

Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

Event Dates and Times: _____

Purpose of the Event: _____

Estimated Total Attendance at the Event: _____

Name of Location for Event: _____

Address for Event: _____

Is the event a Community Festival? Yes No (Must be designated by the Cloquet City Council.)

Will organization contract for intoxicating liquor? Yes No

If yes, please list:

Name of on sale license holder: _____

Address: _____

Contact Person: _____ Phone No. _____

Full Year On Sale Intoxicating Liquor License No. _____

Will event be outdoors? Yes No

What type of enclosure will be used for the outdoor area? _____

(Area shall be enclosed by a fence or other enclosure)

Describe all types of entertainment to be provided at the event. If entertainment is not planned, describe what will occur.

Days / Times of Entertainment: _____

Will there be a band? Yes No

Will the entertainment be amplified? Yes No

Has this organization had any temporary liquor or wine licenses in the City of Cloquet in the past 12 months? Yes No

If yes, list the Event and Date(s): _____

The City of Cloquet reserves the right to request additional information to assist in the evaluation of this application.

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license.

Signature of Applicant: _____ Date: _____

Print Name _____
First Middle Last

FOR CITY USE ONLY: <i>(When applicable)</i>				
	Signature:	Approved:	Denied:	Date:
Police Chief:				
City Administrator:				

TEMPORARY ON SALE LIQUOR LICENSE GUIDELINES/CHECKLIST

- **Temporary On Sale Liquor License Application**
 - City of Cloquet Application
 - Form #9079 "Application and Permit for a 1 to 4 Day Temporary On-Sale Liquor License"
- This license is available only to a charitable, religious, or non-profit corporation in existence for three (3) years, a political committee registered under Minnesota Statute 10A.14, or a club as defined by Cloquet Municipal Code.
- IRS 501(c)(3) letter if Charitable, religious, or non-profit organization.
- Certificate of Liquor Liability providing proof of liability and dram shop insurance in an amount of Five Hundred Thousand Dollars (\$500,000) per claim and One Million Dollars (\$1,000,000) in aggregate. The City will be added as a named insured on any such certificate and will be given ten (10) days written notice prior to termination of any such policy.
- Authorization & Release/Data Practices Advisory Form
- Attach a drawing showing the area with scaled dimensions. Indicate how the area will be enclosed, alcohol serving area and other important features.
- Any Zoning Issues?
- The applicant shall deposit with the City Administrator at the time of applying for the license sufficient funds to reimburse the City for all costs for two (2) police officers who shall be on the location for which the temporary license for the sale of intoxicating liquor is issued during all times when intoxicating liquor is sold.

- Fees: \$50.00 Per Day
Security/Police - 2 police officers @ \$60 per hour each

Applications are required not less than 60 days prior to the date for which the temporary license for on sale liquor is sought. If an application is submitted without sufficient time to review and secure required approvals, the application may not be accepted.

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

Signature of Applicant

Date



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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address	City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="Minnesota"/>	<input style="width: 95%;" type="text"/>

Name of person making application	Business phone	Home phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Date(s) of event	Type of organization
<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="Minnesota"/>	<input style="width: 95%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="Minnesota"/>	<input style="width: 95%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="Minnesota"/>	<input style="width: 95%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="Minnesota"/>	<input style="width: 95%;" type="text"/>

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

 Fee Amount

 Date Fee Paid

 Date Approved

 Permit Date

 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**