



City of South St. Paul
City Clerk's Office
125 3rd Avenue North
South St. Paul, MN 55075
Phone: 651-554-3229 * Fax: 651-554-3211

TEMPORARY ON SALE LIQUOR LICENSE APPLICATION

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 intoxicating liquor for consumption on the premises in connection with a social event with 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:

1. Complete the application for a Temporary On-Sale Liquor License—THE CITY CLERK'S OFFICE CAN NOT ACCEPT THE APPLICATION UNTIL THE POLICE DEPARTMENT HAS SIGNED OFF ON THE SECURITY PLAN.
2. The purpose for which the temporary license is sought, together with the place, dates and hours during which intoxicating liquor will be sold.
3. Written consent of the owners or manager of the premises, or person or group with lawful responsibility for the premises where intoxicating liquor will be sold.
4. **Liquor Liability Insurance:**
 - Every applicant must provide proof of liquor liability insurance in the form and amounts as required by MS. Chapter 240A.
5. Copy of signed state application for a 1 to 4 day temporary on-sale liquor license, form number PS-09079
6. Payment of \$50.00 license fee. (\$50.00 per day)

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 are responsible for people the intoxicating liquor is sold 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 Clerk's Office

City of South St. Paul TEMPORARY ON SALE LIQUOR LICENSE

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125 3rd Avenue North
South St. Paul, MN 55075
(651) 554-3229

Receipt : _____ State Form Attached _____

Organization Name:	Phone:
Address:	City, State, Zip
Minnesota Business Tax ID#:	Federal Business Tax ID#:
Type of Organization: ___ Club ___ Charitable ___ Religious ___ 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:	Manager/Contact Person Telephone Number:

SECURITY PLAN

Security Plan Approved by Police Department: ___ Yes ___ 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 651.284.5032 or 1-800-342-5354.</i>	
I am not required to have workers’ compensation liability coverage below: _____ I have no employees. (See Minn. Statutes 176.011, subd. 9 for the definition of an employee) _____ I am self-insured for workers’ compensation (attached a copy of the authorization to self- insure from the Minnesota Department of Commerce). _____ I have no employees but they are not covered by the workers’ compensation law (See Minn. Statutes 176.041 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



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 type="text"/>		<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>
Name of person making application		Business phone	Home phone
<input type="text"/>		<input type="text"/>	<input type="text"/>
Date(s) of event	Type of organization		
<input 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 type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>
Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>
Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>
Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input 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	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**