

Permit Application: Temporary On-Sale Liquor or Wine

This permit allows the sale or giving of liquor, wine, strong beer, and 3.2 beer at events. You cannot transfer this permit to any other event, person or location.

Lower potency THC or Hemp products (0.3% or lower) may be sold at the event if your business and/or the vendors are registered with MN [Office of Cannabis Management](#).

Smoking/vaping any type of THC or Hemp products is not allowed at the event.

The applicant must be a:

- charitable, religious, or non-profit corporation in existence for three (3) years
- club as defined by MCO 360.10
- brewer who manufactures less than 3,500 barrels of malt liquor in a year
- micro-distillery or
- political committee registered under MN Statutes Sec. 10A.14

Each permit may be for one (1) to four (4) consecutive days. You may apply for up to 12 days per calendar year.

Wine Tasting events, as defined by Minnesota Statutes 340A.418, are limited to four (4) hours or less.

If you submit your application less than 30 days before your event, or without sufficient time for staff to review and verify required approvals, the application may not be accepted or approved. Additional late fee applies.

Any questions you can call 612-673-2080 or send an email to businesslicenses@minneapolismn.gov.

1. Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.
2. There is a [fee](#) for this application. You can pay by
 - Cash:** Do not mail cash, you must drop off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department
 - Credit card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. **Do not add your credit card information on this application.** We will call you to securely charge your credit card.
3. **State of MN AGE Temporary On-Sale form** (Form #1)
When this is approved by the AGE, you will receive an electronic Buyers Card number which allows you to purchase alcohol from a distributor.
On-Sale Alcohol license holders cannot purchase beverage alcohol for temporary events.
4. **Certificate of insurance** (Sample form #2)- Attach a copy of the insurance certificate with liquor liability covering the event. Must have the date, location, address and name of the event listed.
5. **Permission letter**- attach a copy of the property owner or building manager's approval to use the area.

6. **Will off-duty police officers provide security for this event?** No Yes
 If yes, attach a Certificate of Liability Insurance. This must be furnished by your Insurance Agent with the following coverages:
 \$300,000 injury or death for each accident and \$5,000 property damage or
 A combined single limit of liability of \$300,000.00 for injury, death, or property damage

7. **Detailed drawing of event area-** Include streets, any buildings and show how the area will be enclosed, the location of tables, chairs, bathrooms, alcohol serving area, vendor area and other important features.

8. **Will there be a tent or other temporary structure?**
 Yes, complete and submit a [Special Event Permit](#) application.
 None, no tents or temporary structures will be used.

9. **Tell us about your organization.**
 Charitable, religious, or non-profit organization. Attach a copy of your non-profit certificate of incorporation or IRS 501(c)(3) letter.
 Club as defined by MCO 360.10. Attach documentation verifying your status.
 Microbrewer that manufactures less than 3,500 barrels per year. If you do not have a Minneapolis license, attach your state license.
 Micro-distillery. If you do not have a Minneapolis license, attach your state license.
 Political committee registered under Minnesota Statute 10A.14

2. Event information

Organization name	Tax Exempt number (Required)	
What will be served at the event: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Strong Beer <input type="checkbox"/> 3.2 Beer <input type="checkbox"/> Food		
<input type="checkbox"/> Lower Potency THC or Hemp products, the MDH registration number _____		
Will this event be a wine tasting as defined by MN Statute 340A.418? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Event contact person	Cell phone	Email
Name of event		Estimated total attendance
List event days, dates, and times		
Name of location for event	Address of event	
Purpose of the event		

3. Alcohol service

A staff member must be at the event that has completed an Alcohol Service Training within the last 12 months. List the name of alcohol service training company and date of the training

Will your organization receive most of the proceeds from the event? Yes No
 If no, explain-

Will any other individual, organization, or promoter receive profits from this event? Yes No

If Yes, name of individual, organization or promoter	Contact person
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Address	Telephone number
Will the alcoholic beverages be donated for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list the type and value/amount
If Yes, list the name of individual or organization	Contact person
Address	Telephone number

Optional- Using a Minneapolis On Sale alcohol license holder

Will you partner with a Minneapolis On Sale license business? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete the information below:	
Name of the business name with the On Sale license	
Business address	Minneapolis On Sale license number
Contact person	Phone number

4. Security

If you hire an outside professional security company, they must be licensed by the Minnesota Board of Private Detective and Protective Agent Services.
Describe security for your event- include number of staff, what the responsibilities are and how you will prevent underage drinking.
What type of enclosure will be used for the outdoor area? Describe how the area will be contained, and sales be monitored <input type="checkbox"/> None, indoor only

5. Entertainment

Event will have <input type="checkbox"/> Indoor entertainment <input type="checkbox"/> Outdoor entertainment <input type="checkbox"/> No entertainment
Will there be a <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Speakers <input type="checkbox"/> number of musicians _____
Will the entertainment be amplified? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you may need a Sound Permit .
Describe all types of entertainment and activities to be provided at the event, including indoor and outdoor.
List days, dates and times of the entertainment
Has your organization had any temporary liquor, wine, or beer permits in Minnesota in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list them.
Event / Dates
1.
2.

3.	4.
5.	6.
7.	8.
9.	10.
11.	12.

6. Additional permits– check all that apply

Questions: Contact your area [License Inspector](#).

- Amplified Sound:** Permit required. Contact the Environmental Services Division, 612-673-3516 or 311.
- Electrical Permit** for temporary service and outlets. Contact the state of Minnesota 612-866-1979 or 1-800-342-5354.
- Fire Works and Fire Related Permits:** Contact the Minneapolis Fire Department, 612-673-3000 or 311.
- Heating (Mechanical) Permit:** Temporary heat or air conditioning. Contact the Inspections Division, 612-673-3000 or 311.
- Park Board Permits:** 612-230-6441.
- Plaza Permit:** Required for Peavey Plaza, Loring Greenway, or Chicago Mall. Please contact Green Minneapolis at info@greenminneapolis.org.
- Plumbing and Gas:** Inspections for potable water, gas burners and discharges to sewers. Contact the Inspections Division at 612-673-3000 or 311.
- Recycling Containers:** May be rented for a fee from Minneapolis Solid Waste and Recycling. Must be requested ten days in advance.
- Short Term Food Permits** and **Event Food Sponsor Permits** are required for the sale of food and/or beverages at community based events. This must be submitted two weeks before your event. You must meet the [Green To Go](#) packaging requirements. Call 612-673-3000 or 311.
- Special Event Permit:** Amusement Buildings, Bonfires, Canopies, Exhibit/Tradeshows, Fireworks, Liquid or Gas filled Vehicle in an Assembly Area, LP/Propane, Open Flames/Candles in an Assembly Area, Private Hydrants, Rooftop Heliports, Temporary Assemblies, and Tents/Temporary Membrane Structures. Call 612-673-3000 or 311.
- Temporary Toilets:** Must use a state of Minnesota licensed Service Company and provide an adequate number of units per industry guidelines. Contact vendors in the yellow pages.
- Tents:** A detailed plan must be approved by Building and Fire Inspectors. Call 311 or 612-673-3000.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a permit. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your permit, all information is public (MN Statutes, Chapter 13).

A signature is required.

- I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the City of Minneapolis. I understand that false information may result in the denial, suspension or revocation of my permit.

By typing your name, you are electronically signing this application.

Signature of applicant _____ Title _____ Date _____

Additional information

You cannot transfer this permit to any other event, person or location.

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date of organization	Tax exempt number
<input style="width:95%;" type="text"/>		<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
Organization Address (No PO Boxes)	City	State	Zip Code
<input style="width:95%;" type="text"/>	<input style="width:80%;" type="text"/>	Minnesota	<input style="width:80%;" type="text"/>
Name of person making application		Business phone	Home phone
<input style="width:95%;" type="text"/>		<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
Date(s) of event	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer		
<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:80%;" type="text"/>	Minnesota	<input style="width:80%;" type="text"/>
Organization officer's name	City	State	Zip Code
<input style="width:95%;" type="text"/>	<input style="width:80%;" type="text"/>	Minnesota	<input style="width:80%;" type="text"/>
Organization officer's name	City	State	Zip Code
<input style="width:95%;" type="text"/>	<input style="width:80%;" type="text"/>	Minnesota	<input style="width:80%;" 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
Event in conjunction with a community festival <input type="checkbox"/> Yes <input type="checkbox"/> No	City or County E-mail Address
Current population of city	

 Please Print Name of City Clerk or County Official

 Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event No Temp Applications faxed or mailed. Only emailed.

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

City of Minneapolis Requirements for Liquor Liability Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending, binder or TBA.

The Legal/Corporate name must match exactly (word for word) to the Approved License Name (including Inc. or LLC), Trade Name (DBA), and address of premises.

Minnesota Statute 340A.409: Liquor liability insurance policy number must be included on certificate with coverage dates identical to license period or must state: "Liquor liability coverage is continuous until cancelled."

Personal Injury or Death: \$50,000/\$100,000

Property Damage: \$10,000

Other Pecuniary Loss: \$50,000/\$100,000

Loss of Means of Support: \$50,000/\$100,000

Temporary Events must include Name of Event, Date, and Location on certificate.

Original signature or stamp of agent.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	
PRODUCER Agency Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE	
NAIC #	
INSURED	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$		EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			

CERTIFICATE HOLDER ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Applications will be returned if requirements are not complete.