



## Temporary On-Sale Liquor License Requirements

1. Liquor License Applications:
  - a. Complete State license application
  - b. Complete Rice County supplemental application
2. \$350.00 for Temporary On-Sale Intoxicating Liquor License Fee per event
3. Certificate of Insurance:
  - Rice County must be named as certificate holder
  - Rice County must be named as additional insured
  - A cancellation clause must be included reading; "the County will be notified thirty days before cancellation of policy."
  - The insurance must cover the entire period of the event
  - The applicant shall maintain commercial general liability insurance with a limit of not less than \$1,500,000 per occurrence and \$3,000,000/aggregate
  - The applicant shall maintain liquor liability insurance with a limit of not less than \$1,500,000 per occurrence and \$3,000,000/aggregate
4. Return completed documents at least 30 days prior to event

Please note that once the County receives all completed documents, the application will be referred to the Sheriff or designee for background investigation. Once the investigation is complete and a written report is received from the Sheriff, the license will be referred to the County Board for action. If the license will be used on county-owned property through an agreement with the county, the county may require that the license be limited to wine or malt liquor or to wine and malt liquor and may require additional safety related requirements. With the exception of temporary 3.2 licenses, all temporary licenses must be approved by the State. This temporary license is available for up to 12 days of events during the license year with a maximum event length of 4 days to any one organization or registered political committee or for any one location within a 12 month period. Typically, temporary licenses can only be obtained by clubs or charitable, religious, or other nonprofit organizations in existence for at least three years.



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: 60%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address		City	State	Zip Code
<input style="width: 95%;" type="text"/>		<input style="width: 60%;" type="text"/>	Minnesota <input type="text"/>	<input style="width: 60%;" type="text"/>
Name of person making application		Business phone	Home phone	
<input style="width: 95%;" type="text"/>		<input style="width: 60%;" 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
X	<input style="width: 95%;" type="text"/>	<input style="width: 60%;" type="text"/>	Minnesota <input type="text"/>	<input style="width: 60%;" type="text"/>
X	<input style="width: 95%;" type="text"/>	<input style="width: 60%;" type="text"/>	Minnesota <input type="text"/>	<input style="width: 60%;" type="text"/>
X	<input style="width: 95%;" type="text"/>	<input style="width: 60%;" type="text"/>	Minnesota <input type="text"/>	<input style="width: 60%;" type="text"/>
X	<input style="width: 95%;" type="text"/>	<input style="width: 60%;" type="text"/>	Minnesota <input type="text"/>	<input style="width: 60%;" type="text"/>
Add New Officer				

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/County	Date Approved
City Fee Amount	Permit Date
Date Fee Paid	City/County E-mail Address

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.

**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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**



Rice County Auditor-Treasurer  
 320 3<sup>rd</sup> St. N.W., Ste. 5  
 Faribault, MN 55021  
 507-332-6104

**SUPPLEMENTAL APPLICATION FOR TEMPORARY LIQUOR LICENSE**

**EVERY QUESTION MUST BE ANSWERED.**

APPLICANT INFORMATION			
First	Middle	Last	
Applicants Address:	City	State	Zip Code
DOB	Drivers License No.		
Daytime phone number	E-mail		
ORGANIZATION INFORMATION			
Name of Organization:			
Business Address	Business Phone:	E-mail:	
City	County	State	Zip Code
Organization Officer Information (Full names, titles, addresses, and date of birth).			
Full Name & Title	Home Address	DOB	
Full Name & Title	Home Address	DOB	
Full Name & Title	Home Address	DOB	
Full Name & Title	Home Address	DOB	
OTHER INFORMATION			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Have you or has any other officer ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Have you or has any other owner, partner, officer or manager had a liquor license revoked within five years of the application?	

Please list the dates and locations of the events:

Date	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I declare that all information provide in this application and in related documents is truthful and accurate. I understand that the untruthfulness or inaccuracy in any of this information may result in denial of this license.

I authorize Rice County to investigate and make whatever inquiries are necessary to verify the information provided by me in connection with this application, and I authorize anyone contacted by Rice County in this regard to speak with and provide requested information to Rice County or its representatives.

I authorize the Rice County Sheriff to undertake a criminal history check on me and I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Rice County Sheriff's Department for purposes of this application. Toward that end my date of birth is \_\_\_\_\_.

This authorization will expire one year after my signature.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

## Certification of Compliance of the Minnesota Worker's Compensation Law

Minnesota Statute, Section 176.182 requires every local licensing agency to withhold the issuance or renewal of license or permit to operate or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance Coverage requirement.

State Law requires this information and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a penalty assessed against the applicant by the Department of Labor and Industry.

Worker's Compensation Insurance Company Name: \_\_\_\_\_  
(Not the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: From \_\_\_\_\_ through \_\_\_\_\_

**\*\*\* Attach your Workers' Compensation Insurance Certificate\*\*\***

**-OR-**

I am NOT REQUIRED to have Workers' Compensation Liability Coverage because:  
(check one and sign)

\_\_\_\_\_ I have no employees

\_\_\_\_\_ I am self-insured  
(include permit to self-insure)

\_\_\_\_\_ I have no employees who are covered by the Workers' Compensation Law  
(these include Spouse, Parents, Children and certain farm employees)

I hereby 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.

Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Siganture: \_\_\_\_\_ Date: \_\_\_\_\_

Form: Certification of Compliance MN Workers Comp Law (Rice County) 4/25/2008

Minnesota Tax ID Number \_\_\_\_\_

(If a Minnesota Tax Identification number is not required, please explain on the reverse side)

Federal Tax ID Number \_\_\_\_\_

## Certification of Compliance with the Rice County Ordinance No. 110 regarding Server Training

I hereby certify that I am in compliance with Rice County Ordinance No. 110 regarding Server Training.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

**TOWN BOARD APPROVAL REQUEST FORM  
FOR THE ISSUANCE OF LIQUOR LICENSES  
In RICE COUNTY, MN**

**Licensee:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**License Location Address:** \_\_\_\_\_

**Applying for the following license:** (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> On-Sale Intoxicating Liquor  | <input type="checkbox"/> On Sale 3.2% Malt Liquor  |
| <input type="checkbox"/> Off-Sale Intoxicating Liquor | <input type="checkbox"/> Off Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Sunday Liquor                | <input type="checkbox"/> Wine                      |

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**CONSENT OF THE TOWN BOARD  
For the County of Rice to Issue a Liquor License**

The town board of the Town of \_\_\_\_\_, County of  
Rice, State of Minnesota, at their meeting held the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, with a quorum of the board being present, consented to the issuance of the following  
license(s): (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> On-Sale Intoxicating Liquor  | <input type="checkbox"/> On Sale 3.2% Malt Liquor  |
| <input type="checkbox"/> Off-Sale Intoxicating Liquor | <input type="checkbox"/> Off Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Sunday Liquor                | <input type="checkbox"/> Wine                      |

for the above named licensee within this township for the license period beginning July 1, 20\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair of the Town Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Town Clerk

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- Complete this section ONLY if Sunday Liquor has been requested -

**Certification of Approval to Issue a License to Sell Liquor on Sunday**

Furthermore, we consent to the issuance of a license to sell liquor on Sundays. The question regarding the sale of liquor on Sundays was placed on a ballot and approved by the voter's of this town at an election held on \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Town Clerk