



AUDITOR/TREASURER

320 Third Street NW • Faribault, MN 55021
(507) 332-6104 • Fax (507) 333-3754
www.co.rice.mn.us

SET-UP LICENSE

1. Applicant will bring in a renewal form received from the State. Applicant must provide a check for the County & a check for the State. New applicants can get forms off of the State website or we can provide.

Temporary 1 Day Permit: May issue a temporary set-up to nonprofit organizations in conjunction with a social activity sponsored by the organization. The permit must be approved by the commissioner & is valid only for the day indicated on the permit. The fee for the permit may not exceed \$25. (Fee of \$25 to the county only). May not issue more than 10 temporary set-up permits in any one year.

2. Application is sent to the Sheriff for approval and signature. The application is then sent to the County Board for approval.
3. Upon board approval, the County Auditor signs application. The application will then be forwarded to the State along with the check for the State.
4. Licenses expire March 31st of each year, excluding the temporary permits.

FEES FOR SET-UP LICENSES

Check to county	\$250.00
Check to State	\$250.00
Total due	\$500.00
Temporary	\$ 25.00



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 444 Cedar Street, Suite 222
 St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TDD651-282-6555

NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSEES ARE EXEMPT FROM APPLYING.

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT
 PERMIT FEE \$250 (Permits expire March 31st of each year)

Workers Comp. Ins. Co. _____

Policy No. _____ Dates of Coverage _____

Licensee's MN Sales & Use Tax ID # _____ To apply for MN Tax ID# 651-296-6181

Amount Received

Licensee's Federal Tax ID # _____ A \$30.00 service charge will be added to all dishonored checks. You may also be subjected civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Applicants Full Name (Business, Partnership, LLC, Corporation)		DOB	SS#	Trade Name or DBA	
Business Street Address			County	Business Phone	
City			State	Zip Code	

Permit Type <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Public Business	Type of Business (Restaurant, Dance Hall, etc.)
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Full Name of Business or Club Manager	DOB	Address of Manager
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Name of Building Owner	Address of Owner
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Are the club or business premises separate from any other business establishment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is there a current 3.2 beer license to this business at this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is application <input checked="" type="checkbox"/> Original <input type="checkbox"/> Transfer	If transfer, former license and business trade name
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If a partnership, state the name and address of each partner. If a corporation, state the name and address of each officer.
 If a club, state the name and address of each officer or director.

Full Name	DOB	SS#	Address
Full Name	DOB	SS#	Address
Full Name	DOB	SS#	Address

For a Private club. A club must attach a copy of the constitution and bylaws of the club and current list of members.

Date club organized	Number of members	Amount of dues	Is club owned or rented?	Length of time club at present location
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Membership requirements	Does club store liquor for members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances; if so, give date and details.

I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. **THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.**

Permittee Signature _____ Date _____
 (Signature certifies all above information to be correct and permit has been approved by city/county.)

City/County Auditor Signature _____ Date _____
 (Signature certifies all above information to be correct and permit has been approved by city/county.)



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**APPLICATION AND PERMIT FOR A 1 DAY
 TEMPORARY CONSUMPTION AND DISPLAY PERMIT**

(City or county may not issue more than 10 permits in any one year)

Name of organization _____ Date organized _____ Tax exempt number _____

Address _____ City _____ State Minnesota Zip Code _____

Name of person making application _____ Business phone _____ Home phone _____

Date(s) of event _____ Type of organization
 Club Charitable Religious Other non-profit

	Organization officer's name	City	State	Zip
X			Minnesota	
X			Minnesota	
X			Minnesota	
X			Minnesota	

Add New Officer

Location where permit will be used. If an outdoor area, describe.

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 Email 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