

Permit Application: Temporary On-Sale 3.2 Beer

Definition: This permit allows the sale of 3.2 beer at events.

The sponsor must be a

- charitable, religious, or non-profit corporation in existence for three years
- club as defined by MCO 360.10 or
- political committee registered under MN Statutes Sec. 10A.14

You may apply for up to four permits per calendar year. Each permit may be for up to 10 consecutive days. You are limited to one permit every 30 days.

No more than 12 permits per calendar year will be approved for a single location. There is no limit to the number of permits approved for Parade Stadium.

No permits will be approved for events within 300 feet or on school grounds when classes are held.

No permit will be issued within 300 feet of a church on days when regularly scheduled activities are held in the church unless an authorized representative from the church submits written approval.

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. An additional late [fee](#) will apply.

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:** Drop off your application at our office.
 - ☐ **Check:** Mail or drop off your application at our office.
 - ☐ **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. 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.
 - ☐ Political committee registered under Minnesota Statute 10A.14.
4. ☐ Attach a drawing showing the area with scaled dimensions. Indicate how the area will be enclosed, the location of tables and chairs, alcohol serving area, and other important features.
5. Will there be a tent or other temporary structure? ☐ Yes ☐ No If yes, ☐ Complete and attach the [Temporary Conditional Use Permit](#) application.
6. ☐ Attach a copy of the owner or manager's approval to use the area.
7. Will this event occur within 300 feet of a church on days when regularly scheduled activities are held in the church? ☐ Yes ☐ No
 - ☐ If yes, attach a copy of the authorized representative's approval.

8. ☐ **Certificate of Insurance**
 Will your event be held on public property? ☐ Yes ☐ No
 Will there be more than 1,000 people attending? ☐ Yes ☐ No
☐ If you answered Yes to either one of these questions, attach a [Certificate of Insurance](#). (Sample Form #1). This must be furnished by your Insurance Agent with coverage of \$50,000 personal injury/loss of support; \$300,000 aggregate personal injury/loss of support; \$10,000 property damage; and may include not less than \$300,000 dramshop/liability coverage.
☐ If the property is owned or controlled by the City of Minneapolis, the city must be named as an additional insured.

9. Will off-duty police officers provide security for this event? ☐ Yes ☐ No
 If yes, attach a Certificate of Liability Insurance. This must be furnished by your Insurance Agent with
☐ \$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

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		
Event Contact Person:	Cell Phone Number	Email Address
Name of Event:	Estimated TOTAL attendance:	
Event Days, Dates and Times:		
Name of Location for Event:	Address of Event:	
Purpose of the Event:		

3. Alcohol Service

Contact Person	Telephone Number
Will any beer be donated for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the type and value/amount
If Yes, state the name of individual or organization	Contact Person
Address	Telephone Number

4. Entertainment

Venue: ☐ Indoor Entertainment ☐ Outdoor Entertainment ☐ No Entertainment

Will there be a ☐ Band ☐ DJ ☐ Speakers ☐ # _____ Musicians?

Will the entertainment be amplified? ☐ Yes ☐ No If yes, you may need a [Sound Permit](#).

Describe all types of entertainment and activities to be provided at the event. Include indoor and outdoor.

Days/Dates/Times of Entertainment

What type of enclosure will be used for the outdoor area? ☐ N/A Indoor Only

Describe Security for your Event. (If you hire an outside professional security company, they must be licensed by the Minnesota Board of Private Detective and Protective Agent Services.)

Has your organization had any temporary liquor, wine, or beer permits in Minnesota in the past 12 months?

☐ Yes ☐ No

If Yes, complete the following. (Attach additional sheets if necessary.)

Event / Dates	Event / Dates
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.

5. Additional Permits– Check all that Apply.

Questions: Contact your [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. Call 612-673-3000 or 311. You must meet the [Green To Go](#) packaging requirements.
- ☐ **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.

6. 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 State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business permit.

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

Signature of Applicant _____ Title _____ Date _____

This Section to be filled out by License Inspector

☐ This application meets the minimum requirements of MCO 366.40. If no, explain:

Number of temporary permits in this calendar year: _____

Previous issues:

Concerns about this event and resolutions:

Approved hours for the event:

Evacuation Plan Required? ☐ Yes ☐ No ☐ Completed and Attached.

[Police Safety Plan](#) Required? ☐ Yes ☐ No ☐ Completed and Attached.

I ☐ recommend ☐ do not recommend approval for a Temporary On Sale 3.2 Beer Permit.

Inspector:

Date

This is to certify that I have examined this application and the information meets the conditions in the Minneapolis Code of Ordinances.

License Official

Date

Additional Information

1. You cannot transfer this permit to any other person or location.
2. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
3. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

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.																																																																																																																																																								
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PRODUCER Agency _____ Address _____ City, State, Zip _____					CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																																																																																																																																																			
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PRODUCTS - COMPIOP AGG	\$																																																																																																																																																							
COMBINED SINGLE LIMIT (Ea accident)	\$																																																																																																																																																							
BODILY INJURY (Per person)	\$																																																																																																																																																							
BODILY INJURY (Per accident)	\$																																																																																																																																																							
PROPERTY DAMAGE (Per accident)	\$																																																																																																																																																							
EACH OCCURRENCE	\$																																																																																																																																																							
AGGREGATE	\$																																																																																																																																																							
WC STATUTORY LIMITS																																																																																																																																																								
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)							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.																																																																																																																																																	
CERTIFICATE HOLDER ADDITIONAL INSURED: City of Minneapolis – Licenses and Consumer Services 505 Fourth Ave S., Room 220 Minneapolis, MN 55415							AUTHORIZED REPRESENTATIVE																																																																																																																																																	

Applications will be returned if requirements are not complete.