

Permit Application: Temporary On-Sale Wine

Definition: This permit allows the sale of wine, strong beer, and/or 3.2 beer at events.

Definitions:

The applicant must be a

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

Each permit may be for one – four consecutive days. You may apply for up to 12 days per calendar year.

Permits will not be issued for events within 300 feet or on school grounds when classes are held.

Wine Tasting Events, as defined by Minnesota Statute [340A.418](#), are limited to four 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. An additional late [fee](#) will apply.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

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. ☐ State of MN Application and Permit for a 1 to 4 Day Temporary On-Sale Liquor/Wine License – (Form #1)
When this is approved, you will be receive an electronic [Buyers Card](#) Number which allows you to purchase alcohol from a distributor. The On-Sale Alcohol license holder cannot purchase beverage alcohol for temporary events.
4. ☐ [Certificate of Insurance](#): Attach a copy of the Licensed On-Sale Alcohol Establishment's liquor liability insurance covering the event. See Sample Form #2.
5. 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 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
6. ☐ 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.
7. ☐ Attach a copy of the owner or manager's approval to use the area.

<p>8. Will there be a tent or other temporary structure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Complete and attach the Temporary Conditional Use Permit application. <input type="checkbox"/> N/A. No tents or temporary structures will be used.</p>	
<p>9. Tell us about your organization.</p> <p><input type="checkbox"/> Charitable, religious, or non-profit organization. Attach a copy of your non- profit certificate of incorporation or IRS 501(c)(3) letter.</p> <p><input type="checkbox"/> Club as defined by MCO 360.10. Attach documentation verifying your status.</p> <p><input type="checkbox"/> Microbrewer who manufacturers less than 3.500 barrels per years. If you do not have a Minneapolis license, attach your state license.</p> <p><input type="checkbox"/> Microdistillery. If you do not have a Minneapolis license, attach your state license.</p> <p><input type="checkbox"/> Political committee registered under Minnesota Statute 10A.14</p>	

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

Minneapolis on-sale alcohol business responsible for alcohol service at the event:	
Address	License Number
Contact Person	Telephone Number
Date of Alcohol Service Training:	
Will this event be a wine tasting as defined by MN Statute 340A.418? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will your organization receive most of the proceeds from the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.	
Will any other individual, organization, or promoter receive profits from this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, name of individual, organization or promoter	Contact Person
Address	Telephone Number
Will the alcoholic beverages 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. 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.

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 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 363.41. 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 of a Temporary On-Sale Wine 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. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

#1

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"/>	<input type="text"/>	<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="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer				
<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"/>	<input type="text"/>	<input type="text"/>		
Organization officer's name	City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Organization officer's name	City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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

Please Print Name of City Clerk or County Official

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

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.

<p>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.</p> <p>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).</p>									
<p>PRODUCER</p> <p>Agency</p> <p>Address</p> <p>City, State, Zip</p>					<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext):</p> <p>FAX (A/C, No):</p> <p>E-MAIL ADDRESS:</p>				
<p>INSURED</p>					<p>INSURER(S) AFFORDING COVERAGE</p>				<p>NAIC #</p>
					INSURER A:				
					INSURER B:				
					INSURER C:				
					INSURER D:				
					INSURER E:				
<p>COVERAGES</p>									
<p>CERTIFICATE NUMBER: _____ REVISION NUMBER: _____</p>									
<p>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.</p>									
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY (MM/DD/YY)	LIMITS		
	<p>GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>						<p>EACH OCCURRENCE</p> <p>AGGREGATE TO RENTED PREMISES (Ea occurrence)</p> <p>MED EXP (Any one person)</p> <p>PERSONAL & ADV INJURY</p> <p>GENERAL AGGREGATE</p> <p>PRODUCTS - COMPIOP AGG</p>	\$	
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p>						<p>COMBINED SINGLE LIMIT (Ea accident)</p> <p>BODILY INJURY (Per person)</p> <p>BODILY INJURY (Per accident)</p> <p>PROPERTY DAMAGE (Per accident)</p>	\$	
	<p>UMBRELLA LIAB</p> <p>EXCESS LIAB</p> <p>CLAIMS-MADE</p> <p>DED <input type="checkbox"/> RETENTION \$</p>						<p>EACH OCCURRENCE</p> <p>AGGREGATE</p>	\$	
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>	Y/N	N/A				<p>WC STATUTORY LIMITS</p> <p>OTH-ER</p> <p>E.L. EACH ACCIDENT</p> <p>E.L. DISEASE - EA EMPLOYEE</p> <p>E.L. DISEASE - POLICY LIMIT</p>	\$	
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</p>									
<p>CERTIFICATE HOLDER</p> <p>ADDITIONAL INSURED:</p> <p>City of Minneapolis – Licenses and Consumer Services</p> <p>505 Fourth Ave S., Room 220</p> <p>Minneapolis, MN 55415</p>					<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>				

Applications will be returned if requirements are not complete.