

# On-sale Special Event Liquor License Application

**Application must be received 60 days prior to event for processing.**

Special Event Intoxicating Liquor License

Special Event 3.2% Malt Liquor License

Name of Event \_\_\_\_\_  
\_\_\_\_\_

Application Number: LCE20 \_\_\_\_\_

**A Special Event Intoxicating Liquor License cannot be issued without the approval of the Commissioner of Public Safety, pursuant to Minnesota Statutes Section 340A.404, Subdivision 10. A State application will be provided to you with this application.**

**Event Details**

Approximate Number Attending \_\_\_\_\_  Invitation Only  Open to Public  Indoor  Outdoor

Date Event Starts \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)      Date Event Ends \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)

Time Event Starts \_\_\_\_\_ a.m. / p.m.

Time Event Ends \_\_\_\_\_ a.m. / p.m.

Site Address of Event \_\_\_\_\_ Unit/Suite \_\_\_\_\_

Description/Purpose of Event \_\_\_\_\_  
\_\_\_\_\_

Describe the area in which alcoholic beverages are to be dispensed and consumed. The area shall be compact and contiguous. **Submit** a site map with the application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is an on-sale liquor licensee providing the liquor service for the event? \_\_\_\_ Yes \_\_\_\_ No

**If Yes**, complete below.

Name of Licensee \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

**Provide a certificate of insurance in the amount of \$1,000,000 for liquor liability for the event including the dates of the event and The City of Bloomington as Certificate Holder.**

(Office Use Only)

Date Application received \_\_\_\_\_  Insurance \_\_\_\_\_ Yes \_\_\_\_ No

Payment entered (4 digits) \_\_\_\_\_  Serving Food \_\_\_\_\_ Yes \_\_\_\_ No

Public Assembly \_\_\_\_\_ Yes \_\_\_\_ No

Site map \_\_\_\_\_ Yes \_\_\_\_ No

Tent \_\_\_\_\_ Yes \_\_\_\_ No

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<b>Sponsor</b>	<b>Organization</b>	<p>Organization Name _____</p> <p>Address _____ City _____ State ____ Zip _____</p> <p>Registered with the State of Minnesota as a religious, charitable or non-profit organization? ____ Yes ____ No</p> <p>Has this organization/club been in existence for at least three (3) years? ____ Yes ____ No</p> <p>Has this organization/club had any other special event liquor license issued by the City of Bloomington within the past 12 months? ____ Yes ____ No</p> <p><b>If YES</b>, dates and location _____</p> <p>There is a limit to how many special event liquor licenses an organization can be issued, and a location can host, in a twelve month period. Please check with licensing staff when planning multiple events within a year. No organization shall be granted more than one special event license within a 30 day period.</p> <p><b>Attach evidence of nonprofit or club status and a list of the names/addresses of the officers.</b></p>
	<b>Manager of Event</b>	<p>Manager Name _____</p> <p style="text-align: center;">First                      Full Middle                      Last                      Maiden</p> <p>Address _____ City _____ State ____ Zip _____</p> <p>E-mail Address _____ Phone (____) ____ - _____</p> <p>Birthdate ____/____/_____</p> <p>The Manager of the Event will be present during the event and monitor sales.</p>

The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

The Bloomington City Code, Special Event On-Sale Intoxicating Liquor Licenses, Chapter 13.57.01, is available online at [BloomingtonMN.gov](http://BloomingtonMN.gov). It is important to become familiar with the City Code.

*I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.*

**Manager of the Event:** \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_\_