

## Temporary On-Sale 3.2 Malt Liquor License

The City of Prior Lake can issue a temporary on-sale 3.2 malt liquor license to a charitable, religious or nonprofit organization for the purpose of selling 3.2 malt liquor in connection with a social or fundraising event sponsored by the licensee. The license can be valid for up to four consecutive days. The cost of the license is \$25.00 and the applicant must also provide the City with proof of liquor liability insurance for the days of the license period. Please refer to City Ordinance section 301 for more information.

**CITY OF PRIOR LAKE  
4646 Dakota St. SE  
PRIOR LAKE, MN 55372**

**APPLICATION FOR A 3.2 TEMPORARY LIQUOR LICENSE**

**Applicant Information:**

Name: \_\_\_\_\_  
(First, Middle, Last) (Date of Birth)

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

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: From \_\_\_\_\_ To \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information:**

Please supply the following information on dramshop insurance for this event and a copy of the insurance bond.

Company/Organization supplying dramshop insurance for this event:

\_\_\_\_\_

***The application fee of \$25.00 must accompany this application. This application is due at least three (3) weeks before the regularly scheduled Prior Lake city council meeting.***

If you have any questions concerning this application for a 3.2 temporary liquor license please call Janet Ringberg in the City of Prior Lake Licensing Department at (952) 447-9840.

**CITY OF PRIOR LAKE**

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Print Full Name (First) (Full Middle) (Last)

Residing at \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
Driver's License/State Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, Accounting Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

\_\_\_\_\_  
Signature of above individual authorizing release

Witness: \_\_\_\_\_