



City of New Hope  
4401 Xylon Avenue North  
New Hope MN 55428

City Contact:  
Valerie Leone, City Clerk  
763-531-5117  
vleone@ci.new-hope.mn.us

## LICENSE REQUIREMENTS FOR TEMPORARY ON-SALE LIQUOR LICENSE

The city of New Hope requires the licensing of temporary on-sale liquor as defined in Chapter 10 of the New Hope City Code. A temporary on-sale liquor license shall be issued only to a club, charitable, religious, or nonprofit organization in existence for at least three years (must provide copy of nonprofit status), a political committee registered under section 10A.14, or a state university in connection with a social event within the municipality sponsored by the licensee.

A temporary on-sale liquor license may also be issued to a brewer who manufactures fewer than 3,500 barrels of malt liquor in a year and/or a microdistillery in connection with a social event within the municipality sponsored by the brewer or microdistillery.

Please complete both the city and state applications and submit to the City Clerk 30 days prior to the event.

### Items to submit:

1. Completed city application
2. Completed state application (1 to 4 day temporary license)
3. License fee of \$50
4. Certificate of insurance
5. Copy of nonprofit status, if applicable

License applications require City Council approval. Council Meetings are held on the second and fourth Mondays of each month.

### References:

City code section 10-9 (types of licenses)  
City code section 10-12 (d) - insurance  
MS 340A.404 Subd.10 (a) and (c)



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### Temporary On-Sale Liquor License Application

Non-refundable License Fee of \$50 must be submitted to City Clerk with application  
Application Must Be Submitted 30 Days Prior to Event; City Council Approval Required

I herewith submit my application for a "Temporary On-Sale Liquor License" within the city of New Hope, in accordance with the ordinances of said city regulating the same, and chapter 340A of the state of Minnesota.

A Temporary License, if approved by the City Council, shall be issued for this specific event thereof and shall be in full force and effect only at and during such time of event on public or private property for this date.

Per MS 340A.404 subd 10(c) the municipality will only issue to a brewer who manufacturers fewer than 3,500 barrels of malt liquor in a year.

1. Business Name: \_\_\_\_\_

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

2. Name of Contact Person: \_\_\_\_\_

(First, Middle Initial, Last)

Email: \_\_\_\_\_ phone number (day) \_\_\_\_\_  
phone number (evening) \_\_\_\_\_

3. Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

If outdoor area, describe: \_\_\_\_\_

Dates(s) and Time(s) of Event: \_\_\_\_\_

Security for Event (explain in detail how you will ensure no underage sales or consumption, how the area will be secured, ie by fence, rope, barricade):  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance:** Dram shop liquor liability insurance coverage of at least \$300,000 is required.

A certificate of insurance is attached ( )Yes

**Tennessen Notice:** Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

Signature: \_\_\_\_\_  
Applicant Date

City Approval: \_\_\_\_\_

Signature: \_\_\_\_\_  
City Clerk Date Council Meeting Date



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 222, St. Paul, MN 55101  
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION AND PERMIT FOR A 1 DAY  
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization	Date organized	Tax exempt number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: none;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Name of person making application	Business phone	Home phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date(s) of event	Type of organization
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: none;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: none;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: none;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center; border: none;" type="text" value="Minnesota"/>	<input style="width: 100%;" 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

\_\_\_\_\_  
Approved Director Alcohol and Gambling Enforcement

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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**