



<b>Office Use Only</b>	
<input type="checkbox"/>	Approved by Council on _____
	Permit #: _____
	Staff initial: _____

## Application for On-Sale Liquor at Community Event

Minn. Stat. § 340A.404, subd. 4(b) and Section 4-65 of the Victoria City Code authorize an on-sale liquor licensee to apply for a permit to dispense intoxicating liquor off the business's licensed premises during a community festival held within the City. This form shall be submitted by an on-sale licensee seeking approval under the above-cited authority.

**Business Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Contact Number: \_\_\_\_\_

**Contact Information:**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Number: (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Event Information:**

Date(s) of Event: \_\_\_\_\_  
Reason for Event: \_\_\_\_\_

In the space provided below, please describe the event location (including the general event location and each specific location where liquor will be dispensed). You may attach additional documentation, if necessary.

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

**Approval from the Event Sponsor is Required:**

Sponsor Contact Name, Email, Phone Number: \_\_\_\_\_

In the space provided below, please describe event security and how your establishment will determine if customers are of legal drinking age in order to prevent consumption by underage individuals. You may attach additional documentation, if necessary.

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

**Insurance:** You must attach to this application a copy of your business's Certificate of Insurance stating that your insurance covers the area of the Event, as required by law.

**ANY FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.**

I HEREBY AUTHORIZE THE CITY OF VICTORIA TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH MAY BE CONSULTED TO VERIFY THE INFORMATION I HAVE PROVIDED ABOVE. THIS INCLUDES AUTHORIZATION TO CHECK CRIMINAL HISTORY RECORDS IF I HAVE BEEN ASKED TO PROVIDE THAT INFORMATION. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND CORRECTLY.

Subscribed and sworn to before me a Notary Public

\_\_\_\_\_  
Signature of Applicant

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Commission expires on: \_\_\_\_\_

\_\_\_\_\_  
NOTARY