

CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379
952-233-9300

APPLICATION FOR TEMPORARY 3.2% MALT LIQUOR LICENSE

Name of Organization _____

Date Organized _____ Tax Exempt Number _____

Address _____
City State Zip Code

Type or Organization: () Club () Charitable () Religious () Other Non-Profit

Organization's Officers:

Name Address

Name Address

Name Address

Name of Person Making Application _____

Address _____
City State Zip Code

Business Phone _____ Home Phone _____

Name of Event _____

Dates and Hours at which beer will be sold _____

Location of event. If an outdoor area, describe _____

Name of Owner of Property where beer is to be sold _____

Proof of Workers' Compensation Insurance Coverage:

Insurance company name _____

Dates of coverage _____

Self-insurance permit number _____

I am not required to have workers' compensation liability coverage because:

() I have no employees () I am self-insured (include permit to self-insure) () Other (specify on the reverse side)

Signature

Date