



City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068

**APPLICATION FOR TEMPORARY ON-SALE LIQUOR LICENSE**

On-Sale Intoxicating

3.2% Malt Liquor

Name of Organization: \_\_\_\_\_

Date organized: \_\_\_\_\_ Tax exempt number: \_\_\_\_\_

Name of person making application: \_\_\_\_\_

Business phone: \_\_\_\_\_ Type of Organization \_\_\_\_\_

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

Location of where permit will be used and description of outdoor area:

Security plan:

Hours of event(s):

**Please attach the following information:**

- Drawing of outdoor event including location of alcohol, fences and security.
- Application fee of \$170.00 (per event) payable to the City of Rosemount; and
- Insurance certificate stating that liquor liability will be in effect for the date(s) of the event(s).

\_\_\_\_\_  
Date

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

STATE of MINNESOTA )  
  ) §  
COUNTY of DAKOTA )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
Title: \_\_\_\_\_

*Stamp*

My Commission Expires: \_\_\_\_\_

**Data Privacy Notice:** The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if any conviction you may have is a job-related consideration affecting your suitability for the license. Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private, and that you provide an alternative address and phone number as below:

I request that my residence address and phone number be considered private data. My alternative address and phone number are:

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

**For City Use Below:**

License Type: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Approved: \_\_\_\_\_

License No. \_\_\_\_\_

**Contact City Clerk if questions: 651-322-2003, FAX 651-423-4424, TDD 651-423-6219**



City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068

**CONSENT FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Print Full Name (first) (full middle) (last)

residing at \_\_\_\_\_  
(address) (city) (state) (zip)

Driver's License No./State of Issue \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

authorize the Rosemount Police Department to disclose to the Rosemount City Administrator, City Clerk and the Rosemount 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 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.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Subscribed and Sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**Contact City Clerk if questions: 651-322-2003, FAX 651-423-4424, TDD 651-423-6219**