

**CITY OF PRIOR LAKE  
4646 Dakota Street 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 \$75.00 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.

## CONSENT FOR RELEASE OF INFORMATION

I authorize the City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, Accounting Specialist, and the City Council for the City of Prior Lake. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the City of Prior Lake Police Department to the City Manager, Accounting Specialist, and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Prior Lake to use this information to determine my eligibility to obtain a license/permit.

Full Name (Please print)

\_\_\_\_\_ (First) (Full Middle) (Last)

Home Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Driver's License State and Number

\_\_\_\_\_

Please list any other names you are or have been known by:

\_\_\_\_\_

\_\_\_\_\_

Sex:  Male  Female

Race:  White/Caucasion  African American  Hispanic  Asian

Signature of Applicant

Date