



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**

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|----------------------------------|----------------|-------------------|
| Name of organization | Date organized | Tax exempt number |
| Hazellewood Grill & Tap Room Inc | January 2004? | 74-3117422 |

| | | | |
|---|--------------|-----------|----------|
| Address | City | State | Zip Code |
| (office) 6400 Flying Cloud Drive, Ste 215 | Eden Prairie | Minnesota | 55344 |

| | | |
|--|----------------|--------------------|
| Name of person making application | Business phone | Home phone |
| Deanna Conkey (dede.conkey@hazellewoodgrill.com) | 952-401-0066 | (cell)218-750-3817 |

| | |
|------------------|--|
| Date(s) of event | Type of organization |
| August 13, 2016 | <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 |
| Patrick Woodring | Eden Prairie | Minnesota | 55347 |

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|-----------------------------|----------|-----------|----------|
| Organization officer's name | City | State | Zip Code |
| Scott Foster | Plymouth | Minnesota | 55446 |

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| | | Minnesota | |

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| | | Minnesota | |

Location where permit will be used. If an outdoor area, describe.
 At a park in Tonka Bay, MN.

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.
 Sentinel Insurance Co, LTD Policy 41SBATZ7568 \$1,000,000 Each Occurrence \$2,000,000 Aggregate

~~Restaurant~~ address: 5635 Manitow Road Tonka Bay, MN 55321

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

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|--------------------------------------|
| City or County approving the license |
| Fee Amount |
| Date Fee Paid |

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|-------------------------------|
| Date Approved |
| Permit Date |
| 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**