



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
651-201-7507 TTY 651-282-6555

# Attachment A

## APPLICATION AND PERMIT FOR A 1 DAY TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE

Name of organization	Date of organization	Tax exempt number	
MATTER	08/16/2022	6622015	
Organization Address (No PO Boxes)	City	State	Zip Code
7005 Oxford St	St. Louis Park	Minnesota	55426
Name of person making application	Business phone	Home phone	
Victor Salamone	952-500-8652		
Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Small Brewer
9/27/2022	<input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable	<input type="checkbox"/> Religious	<input type="checkbox"/> Other non-profit
Organization officer's name	City	State	Zip Code
Quenton Marty	St. Louis Park	Minnesota	55426
Organization officer's name	City	State	Zip Code
Jeremy Newhouse	St. Louis Park	Minnesota	55426
Organization officer's name	City	State	Zip Code
		Minnesota	

Location where permit will be used. If an outdoor area, describe.  
**Boston Scientific 4100 Hamline Ave N Arden Hills MN 55112**  
**Outside Building 3 Parking lot, next to the tent hosting the community service activity**

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
**OMNI Brewing Company, 9462 Deerwood Lane N, Maple Grove, MN 55369**

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
**MATTER's insurance carrier that is providing the liquor liability coverage: Swiss Recorp Solutions Elite Insurance**  
**Liquor liability coverage limits of \$1 million per claim & \$1 million aggregate**

### APPROVAL

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

City or County approving the license	Date Approved
Fee Amount	Permit Date
Event in conjunction with a community festival <input type="checkbox"/> Yes <input type="checkbox"/> No	City or County E-mail Address
Current population of city	
Please Print Name of City Clerk or County Official	Signature City Clerk or County Official

**CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event**  
**No Temp Applications faxed or mailed. Only emailed.**

**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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**