



Instructions for Temporary Liquor License

**** Reminder to applicant: Please submit your application no later than one month before your event. ****
Liquor licenses are approved by the City Council on the first and third Mondays of each month.

Option 1: Serving Food & Selling Alcohol - Weddings/Benefits/Community Festivals ('Group'):

Have the (Group) contact a business who holds an annual Caterer's Permit with Alcohol from Buffalo or an adjacent city to sponsor their event to serve/sell liquor. Temporary Liquor license fee would be waived if all criteria can be met (see checklist below).

Annual liquor license holder would need to submit:

- ☑ Fill out the Application for Temporary City License and write a check for all fees applicable to: "*City of Buffalo.*"
 - NOTE: No charge on Temp On-Sale Liquor fee because of alcohol endorsement on Caterer's Permit. The only fee the city would collect would be for Public Safety.
- ☑ Copy of Caterer's Permit
- ☑ Copy of Certificate of Liquor Liability Insurance adding 'City of Buffalo' as additional insured.

Option 2: Selling Alcohol - Non-profit organization ('Group'):

(Group) could have (City Ord. 4-87, 4-142) a club or charitable, religious, or other Non-profit organization that has been in existence for at least three years to sponsor their event to serve/sell liquor.

- ☑ Fill out the Application for Temporary City License and write a check for all fees applicable to: "*City of Buffalo.*"
- ☑ Fill out the Alcohol & Gambling Enforcement Division (AGE) state form.
- ☑ Copy of Certificate of Liquor Liability Insurance adding 'City of Buffalo' as additional insured.



CITY OF BUFFALO, MINNESOTA

Date Recd. _____

License Fee \$ _____

Public Safety Fee \$ _____

Cert. of Ins. Recd. _____

Date Appr. _____

APPLICATION FOR TEMPORARY CITY LIQUOR LICENSES

Type of Temporary Licenses & Fees

- 1-3 Day ON-SALE Liquor* \$250**
(Requires approval by State of MN Department of Safety AGE Division. Complete the AGE form and submit with this application)
- One Day ON-SALE 3.2 Malt Liquors \$10/Day**

Date of Event: _____ Time: _____ AM/PM to _____ AM/PM

Name & Location of Event: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____
Street Address City/State/Zip

Email Address: _____ Type of Event: _____

****Required: Public Safety Fee.****

Police Presence: Each license issued will be subject to a Public Safety Fee, which will be for the purpose of engaging additional Police Department presence during such events throughout the City. City Ordinance 5.53.

There are two options for police presence. Please **circle** your choice. If questions contact the Police Department at 763-682-5976.

Option A: \$100/day fee. This fee includes police presence on and off throughout the event as deemed necessary and random parking lot checks.

Option B: \$70/hour/officer. This fee includes an officer *on site* during your event for the specific hours you request. (Two hour minimum for officer time)

Time frame officer requested for: _____ AM/PM to _____ AM/PM.

Total number of hours: _____ Number of officers requested: _____

****Required: Copy of Certificate of Liability Insurance showing coverage for Liquor Liability.****

Your Certificate of Insurance must show coverage for liquor liability. (See attachments)

The certificate of liability insurance and public safety fee must be submitted with this application.

This application is made pursuant and subject to all the laws of the state of Minnesota and the ordinances and Regulations said City of Buffalo applicable thereto.

Signature of Applicant Date

For Office Use: Date to PD: _____ Council Meeting Date: _____
01-04-18/Rev. 03-19-21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agency Name Mailing Address City, State, Zip Code	CONTACT NAME: Insurance Agent Contact Name PHONE (A/C. No. Ext): Insurance Agent Phone E-MAIL ADDRESS: Insurance Agent Email	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
INSUREDSAMPLE..... 1 Insured's name Insured's mailing address City, State, Zip Code	INSURER A: Insurance Company (General Liability)	
	INSURER B: Insurance Company (Liquor Liability)	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
2	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	Policy Number of policy			EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
A							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
3	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	Policy Number of policy			PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
B	Liquor Liability						Bodily Injury - Occur 50,000 /person
							Bodily Injury - Occur 100,000/accident
							Property Damage 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Name of Event: 4
 Date of Event:
 Location of Event:

City of Buffalo is to be included as an additional insured on the general liability policy under ISO endorsement CG2010 and CG2037. Additional insured coverage is provided on a primary and non-contributory basis. Waiver of Subrogation is provided on all policies as per contract agreement.

CERTIFICATE HOLDER City of Buffalo 212 Central Ave. Buffalo, MN 55313	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 5 Insurance Agent Signature

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Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization	Date organized	Tax exempt number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; border: 1px solid black; background-color: #e0e0e0;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Name of person making application	Business phone	Home phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date(s) of event	Type of organization
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; border: 1px solid black; background-color: #e0e0e0;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; border: 1px solid black; background-color: #e0e0e0;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Organization officer's name	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; border: 1px solid black; background-color: #e0e0e0;" type="text" value="Minnesota"/>	<input style="width: 100%;" type="text"/>

Location where permit will be used. If an outdoor area, describe.

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.

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

 Date Fee Paid

 City or County E-mail Address

 City or County Phone Number

 Signature City Clerk or County Official

 Please Print Name of City Clerk or County Official

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**

Sec. 4-87. Temporary on-sale liquor license.

- (a) *License authorized.* Notwithstanding any provision of this Code to the contrary, the council may issue a license for the temporary on-sale of liquor in connection with a social event sponsored by the licensee. Such license may provide that the licensee may contract with the holder of a full-year on-sale license, issued by the city, for liquor catering services.
- (b) *Permissible applicant.* The applicant for a license under this section must be a club or charitable, religious, or other nonprofit organization in existence for at least three years.
- (c) *Terms and conditions of license.* Temporary licenses are subject to the following terms and conditions:
 - (1) No license is valid until approved by the commissioner of public safety.
 - (2) No license shall be issued for more than three consecutive days.
 - (3) All licenses and licensees are subject to all provisions of statutes and this Code relating to liquor sale and licensing, except those relating to financial responsibility and insurance, and except those which by their nature are not applicable.
 - (4) Licenses may authorize sales on premises other than those owned or permanently occupied by the licensee.
- (d) *Fee.* Each license issued under this section will be subject to a public safety fee, which will be for the purpose of engaging additional police department presence during such events throughout the city. The amount of this fee shall be as provided in the city fee schedule.
- (e) *Police presence at alcohol sales events.* The city police department may provide security and crowd control on the licensed premises during the hours of authorized sales. The police chief will be responsible for determining the type and level of staff to be allocated for these events. Sworn or non-sworn staff may be utilized for these purposes at the discretion of the police chief.

(Code 1985, § 5.53)