



City of Perham

Temporary 3.2 Liquor License Application



Name of Organization

Date Organized

Tax Exempt Number

Street Address

City

State

Zip Code

Contact Name

Business Phone

Home Phone

Organization Officer's Name

Address

Date(s) of License Applying for *(Note: License will terminate at midnight. No Sunday liquor sales before noon.)*

Location License will be issued. If an outdoor area, describe.

Liquor Liability Information: (Please provide a copy of the insurance certificate.)

Company Name

Policy Number

Effective Dates

Applicants Signature

City Official Signature

Date Approved by Perham City Council