

CITY OF PERHAM

125 Second Avenue N.E. • P.O. Box 130 • Perham, Minnesota 56573 • www.cityofperham.com
Phone 218-346-4455 • Fax 218-346-9364 • Toll Free 877-864-7963 • MN Relay Service TDD 800-627-3529

PUBLIC NOTICE

A Special Council meeting has been scheduled for **Wednesday, August 28, 2024 at 5:15 pm** in the City Hall Council Chambers.

Our agenda includes:

- 1. APPROVE TEMPORARY LIQUOR LICENSES**
Council may wish to approve temporary liquor licenses for Perham Rotary Club for events to be held on September 14, 2024 and October 5, 2024. (Enclosure)

In order to ensure a quorum, please notify me at 346-9799 if you are unable to attend. Thank you for your time and cooperation.

Jonathan Smith,
City Manager

POSTED 8/22/2024



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

Name of organization: Perham Rotary Club Date of organization: _____ Tax exempt number: 27-22-78247

Organization Address (No PO Boxes): P.O. Box 3 City: Perham State: MN Zip Code: 56573

Name of person making application: Emily Fowlson Business phone: 952-210-8531 Home phone: _____

Date(s) of event: 9/14/2024 Type of organization: Club Charitable Religious Other non-profit Microdistillery Small Brewer

Organization officer's name: Brett Glawe City: Perham State: MN Zip Code: 56573

Organization officer's name: Cody Huttunen City: Perham State: MN Zip Code: 56573

Organization officer's name: _____ City: _____ State: MN Zip Code: _____

Location where permit will be used. If an outdoor area, describe.
Event will be located inside the Perham Auditorium

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
The Cactus- Perham

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: _____

Event in conjunction with a community festival Yes No

Current population of city: _____ City or County E-mail Address: _____

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



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

Name of organization	Date of organization	Tax exempt number	
Perham Rotary Club		272-78247	
Organization Address (No PO Boxes)	City	State	Zip Code
P.O. Box 3	Perham	MN	56573
Name of person making application	Business phone	Home phone	
Emily Paulson	952-210-8531		
Date(s) of event	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer		
10/5/2024	<input checked="" 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
Brett Glawe	Perham	MN	56573
Organization officer's name	City	State	Zip Code
Cody Huthunen	Perham	MN	56573
Organization officer's name	City	State	Zip Code
		MN	

Location where permit will be used. If an outdoor area, describe.
Outdoor Event on Main Street in Perham

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
The Cactus - Perham

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
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 _____

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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