

# CITY OF PERHAM

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

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## PUBLIC NOTICE

A Special Council meeting has been scheduled for **Wednesday, August 26, 2020 at 5:15 pm** in the City Hall Council Chambers. The meeting can also be accessed electronically via Zoom.

### Join Zoom Meeting

Meeting ID: 236 411 3749  
Password: 9cxj8T

Our agenda includes:

#### 1. APPROVAL OF TEMPORARY ON-SALE LIQUOR LICENSES

Council may wish to consider approving temporary on-sale liquor license requests from the History, Arts & Cultural Association for events to be held on September 12 and September 26, 2020. (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 August 20, 2020



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**

Name of organization: History Arts & Cultural Association Date organized: \_\_\_\_\_ Tax exempt number: 41-187518

Address: 230 1st Ave No City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of person making application: Shirley Davidson City: Perham State: Minnesota Zip Code: 56573

Date(s) of event: Sept 12-2020 Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Organization officer's name: Tresa Romann Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: Shirley Davidson City: \_\_\_\_\_ State: Minnesota Zip Code: 56573

Organization officer's name: \_\_\_\_\_ City: \_\_\_\_\_ State: Minnesota Zip Code: 56572

Organization officer's name: \_\_\_\_\_ City: \_\_\_\_\_ State: Minnesota Zip Code: \_\_\_\_\_

Organization officer's name: \_\_\_\_\_ City: \_\_\_\_\_ State: Minnesota Zip Code: \_\_\_\_\_

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

If the applicant will contract for intoxicating liquor service give the name and address of the liquor licensee providing the service.  
N/A

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
Travelers \$1,000,000

**APPROVAL**

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

City or County approving the license: Perham Date Approved: \_\_\_\_\_

Fee Amount: \$50.00 Permit Date: \_\_\_\_\_

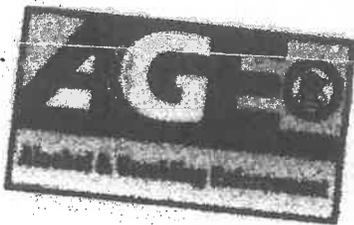
Date Fee Paid: \_\_\_\_\_ City or County E-mail Address: \_\_\_\_\_

City or County Phone Number: \_\_\_\_\_

Signature City Clerk or County Official: \_\_\_\_\_ Approved Director Alcohol and Gambling Enforcement: \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO ALCOHOL AND GAMBLING ENFORCEMENT DIVISION 30 DAYS PRIOR TO EVENT.

PLEASE SUBMISSION PER EMAIL, APPLICATION ONLY.  
 PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT  
 CHECK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US



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 Alcohol and Gambling Enforcement Division  
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**APPLICATION AND PERMIT FOR A 1 DAY  
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization: History Arts & Cultural Association Date organized: \_\_\_\_\_ Tax exempt number: 411875118

Address: 230-1st Av No City: Perham State: Minnesota Zip Code: 56573

Name of person making application: Shirley Davidson Business phone: 218 346 7678 Home phone: \_\_\_\_\_

Date(s) of event: Sept. 26-2020

Organization officer's name: Mason Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: Tresa Romann City: Perham State: Minnesota Zip Code: 56573

Organization officer's name: Shirley Davidson City: Perham State: Minnesota Zip Code: 56573

Organization officer's name: \_\_\_\_\_ City: \_\_\_\_\_ State: Minnesota Zip Code: \_\_\_\_\_

Organization officer's name: \_\_\_\_\_ City: \_\_\_\_\_ State: Minnesota Zip Code: \_\_\_\_\_

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

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
n/a

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
Traveler, \$1,000,000

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

City or County approving the license: Perham

Fee Amount: 50.00

Date Fee Paid: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Permit Date: \_\_\_\_\_

City or County E-mail Address: \_\_\_\_\_

City or County Phone Number: \_\_\_\_\_

Approved Director Alcohol and Gambling Enforcement

Signature City Clerk or County Official: \_\_\_\_\_

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGC.TEMPORARYAPPLICATION@STATE.MN.US

PLEASE SUBMIT THIS FORM TO ALCOHOL AND GAMBLING ENFORCEMENT DIVISION 30 DAYS PRIOR TO EVENT.