

CONSENT OF TOWN BOARD

License Type: 1-4 Day Temporary On-Sale Liquor License

Applicant Information:

22 Northmen Brewing Company
6693 County Road 34 NW
Alexandria, MN 56308

STATE OF MINNESOTA, COUNTY OF DOUGLAS

The undersigned, County Attorney and County Sheriff of said County, recommend the within application, it appearing to the best of our knowledge that said applicant has not, with a period of five years prior to the date of this application, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances, and that in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated _____, 20_____. _____
County Attorney

Dated _____, 20_____. _____
County Sheriff

TOWN BOARD APPROVAL

The Town Board of _____ Township, County of Douglas, Minnesota, held this
day of _____, 20_____, by resolution, did consent to the issuance of the license applied for in
the within application.

Date _____, 20_____. The Town Board of the Township of _____

Attest _____ By _____ Chairperson

Note: No County Board shall issue a license for sale in the Town without the consent of the Town Board of such Town, and no Town Board shall consent to the issuance of any license without the recommendation of the County Attorney and the County Sheriff.

Approved by the Board of Commissioners this _____ day of _____, 20_____. _____

Douglas County Board Chair



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7513 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 <i>22 Northern Brewing</i>	Date organized <i>6-1-1999</i>	Tax exempt number <i>41-1931643</i>
Address <i>6693 County Rd 34 NW</i>	City <i>Alexandria</i>	State <i>Minnesota</i>
Zip Code <i>56308</i>	Business phone <i>320-844-5443</i>	
Name of person making application <i>Tyler Bredeson</i>		Home phone <i>701-740-0053</i>
Date(s) of event <i>06-04-2022</i>	Type of organization <input type="checkbox"/> Microdistillery <input checked="" 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 <i>Tyler Bredeson</i>	City <i>Alexandria</i>	State <i>Minnesota</i>
Zip Code <i>56308</i>	Organization officer's name <i>Michelle Bredeson</i>	
City <i>Alexandria</i>	State <i>Minnesota</i>	Zip Code <i>56308</i>
Organization officer's name <i></i>	City <i></i>	State <i></i>
		Zip Code <i></i>

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

*Outdoors under a large (40x140') tent - on property at
6693 County Rd 34 NW, Alexandria, MN 56308*

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.

Yes, United Fire 1,000,000/occurrence

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

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