



CITY CLERK'S OFFICE
 7071 UNIVERSITY AVENUE NE
 FRIDLEY, MN 55432
 (763)572-3523/FAX 763-502-4981
www.fridleymn.gov

Received _____
Date of Event _____
Payment _____
License # _____

CITY OF FRIDLEY LIQUOR CATERER EVENT NOTIFICATION

Fee: \$25

Liquor caterers shall send the required Notification Form and fee at least 10 business days in advance of event and obtain any other required permits. No permit shall be issued for a period longer than 3 days unless it is a civic event or community festival. Both state and city licenses and permits must be available for display upon request by law enforcement.

LICENSEE INFORMATION			
Business Name (Individual/Partnership/Corporate)			
Business Trade Name (doing business as)			
Business Address			
Contact Person on Site at Event <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager		Contact Phone	
Business Phone		E-mail Address	
EVENT INFORMATION			
Name of Event		Date of Event	
Address/Location of Event		Time of Event	
Event Contact Person		Event Contact Phone:	
E-mail Address		Type of Liquor to be served	<input type="checkbox"/> Intoxicating Liquor <input type="checkbox"/> Wine <input type="checkbox"/> 3.2% Malt Liquor
Number of People Attending		Proposed Gross Food to Liquor Sales:	

I hereby state that all of the information here is true and correct and that I shall comply with all provisions of the City Code of the City of Fridley and the laws of the State of Minnesota.

Signature		Date	
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GOVERNMENT DATA PRACTICES ACT – CLASSIFICATION WARNING: The data you supply on this form will be used to process your permit. You are not legally required to provide this data, but we will not be able to process the permit without it. Some of the data will be classified as public data if and when the permit is granted. Private financial data including a tax identification number or social security number are classified as private data and will only be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

FOR OFFICE USE ONLY				
City Clerk	By	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date:
Public Safety	By:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date: