



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 Luverne Area Chamber & CVB		Date of organization 5/27/1941	Tax exempt number 
Organization Address (No PO Boxes) 213 E Luverne St	City Luverne	State MN	Zip Code 56156
Name of person making application McKenzi Klein	Business phone 5072834061	Home phone 	
Date(s) of event 06/05/2026	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name McKenzi Klein	City Luverne	State MN	Zip Code 56156
Organization officer's name 	City 	State MN	Zip Code 
Organization officer's name 	City 	State MN	Zip Code 

Location where permit will be used. If an outdoor area, describe.  
 801 W Commerce Rd Luverne MN 56156

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
 Doll Distributing -500 Industrial Ln / Worthington, MN 56187

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
 Buffalo Ridge Insurance - 2,000,000

**APPROVAL**

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

City of Luverne  
 City or County approving the license

\$30.00  
 Fee Amount

Event in conjunction with a community festival  Yes  No  
 4,946  
 Current population of city

Date Approved  
 6/5/2026

Permit Date

[mvangrootheest@cityofluverne.org](mailto:mvangrootheest@cityofluverne.org)  
 City or County E-mail Address

Mandy Van Grootheest  
 Please Print Name of City Clerk or County Official

Digital Signature of: Mandy Van Grootheest  
 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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**