



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		Date of organization		Tax exempt number	
Rock County Ag Society					
Organization Address (No PO Boxes)		City	State	Zip Code	
611 S Freeman Ave		Luverne	MN	56156-2143	
Name of person making application		Business phone		Home phone	
Ryan Fick		5079200032			
Date(s) of event		Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer			
07/23/2025 - 07/26/2025		<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit			
Organization officer's name		City	State	Zip Code	
Ryan Fick		Luverne	MN	56156-2143	
Organization officer's name		City	State	Zip Code	
Lee Sells		Luverne	MN	56156-2143	
Organization officer's name		City	State	Zip Code	
		Luverne	MN	56156-2143	

Location where permit will be used. If an outdoor area, describe.  
611 S. Freeman Ave.  
Luverne, MN 56156

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.  
Acord - \$1,000,000

**APPROVAL**

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

City of Luverne	Date Approved
City or County approving the license	
\$120.00	Permit Date
Fee Amount	
Event in conjunction with a community festival <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	mvangrootheest@cityofluverne.org
4,946	City or County E-mail Address
Current population of city	

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)**