



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
Luverne Brew Partners, LLC dba Take 16 Brewing Company	7/1/2012	2974439

Organization Address (No PO Boxes)	City	State	Zip Code
509 E Main Street	Luverne	Minnesota	56156

Name of person making application	Business phone	Home phone
Amanda McDonald	6053213706	

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input checked="" type="checkbox"/> Small Brewer
03/19/2026	<input type="checkbox"/> Club	<input type="checkbox"/> Charitable	<input type="checkbox"/> Religious
	<input type="checkbox"/> Other non-profit		

Organization officer's name	City	State	Zip Code
Tim Gust	Luverne	Minnesota	56156

Organization officer's name	City	State	Zip Code
		Minnesota	

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		Minnesota	

Location where permit will be used. If an outdoor area, describe.
 509 E Main Street

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.
 Buffalo Ridge Insurance - 1,000,000

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

3/19/2026
 Date Approved

Permit Date

Event in conjunction with a community festival Yes No

4,946
 Current population of city

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