



Return completed form to:
City Clerk's Office
City of Albert Lea
 221 E. Clark St., Albert Lea, MN 56007
 507-377-4335
dmaras@ci.albertlea.mn.us (call to arrange payment)

LICENSE APPLICATION

*On-sale off premises
 One day liquor license

Please type or print legibly

Applicant:

Full name _____
 Home address _____ city, state, zip code _____
 Home telephone number (daytime) _____
 Email address _____

Business:

Business name _____
 Business address _____ city, state, zip code _____
 Business telephone number (daytime) _____

Fee schedule:

1-3 permits \$100 Number of permits requested: _____ Total fee due: _____
 4-6 permits \$200
 7 or more permits \$300

Event date: _____ Event date: _____ Event date: _____
 Event location: _____ Event location: _____ Event location: _____
 Event type: _____ Event type: _____ Event type: _____

State of Minnesota)
 County of Freeborn) ss.
 City of Albert Lea)

The undersigned hereby agrees to comply with the terms of the Albert Lea City Code and the laws of the State of Minnesota as they relate to the license and operation of the license being applied for. I understand falsification of any part of this application is cause for denial or revocation.

Signature _____ Date _____

FOR OFFICE USE	
Date received _____	Check number/cash/CC _____
Fee received _____	City Council approval date _____
Processor initials _____	

Additional event dates if needed:

Event date: _____

Event location: _____

Event type: _____

Event date: _____

Event location: _____

Event type: _____

Event date: _____

Event location: _____

Event type: _____

Event date: _____

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