



City of Spicer
Permit or License Application For:
TEMPORARY LIQUOR LICENSE

Applicants Legal Name _____ Phone: _____

Applicants Address _____

Business Name _____ Phone: _____

Business Address _____

Federal Tax ID: _____ MN Tax ID: _____

If a firm or corporation, list names and addresses of officers:

Location of Event _____

Date(s) and Hours of Event(s): _____

Have you ever held a permit for such an event before? Yes _____ No _____

If yes, where: _____ Date: _____

Additional Comments/Information: _____

REQUIRED ATTACHMENTS. The applicant must include the following attachments: Proof of insurance in the amount of at least \$1,000,000 for general liability, bodily injury, and property damage liability per occurrence and the City of Spicer must be listed as an additional insured. (Insured name on the certificate must be identical to applicant name from above.) Policy exclusions by endorsement must be attached to the certificate of insurance.

THE APPLICANT HEREBY CERTIFIES: In consideration of the agreements of City herein set out, Applicant does hereby agree to indemnify and hold City harmless from all claims or causes of action arising from injury or death to persons or from damage to property resulting from Applicant's performance of this permit. In addition to indemnifying and holding City harmless from any causes of action or claims, Applicant agrees to pay the costs City shall incur in defending itself against any action brought against it by any person claiming loss by injury or death or by damage to property. In the event that any such action is brought against City, City shall notify Applicant and Applicant shall have the opportunity to legal counsel and fully defend City. In the event that Applicant shall fail to provide an attorney and defend City, or in the event the attorney selected by Applicant is not approved by City and its insurance carrier, then City shall be entitled to hire its own attorney and Applicant shall pay the cost of City's entire defense. This paragraph shall not apply to any cause of action arising from the negligence of City.

Signature of Applicant Date

Please return this Application to: Spicer City Office, PO Box 656, 217 Hillcrest Ave, Spicer MN, 56288
Any questions call 320-796-5562

Permit Fee \$ _____ Date Paid _____ Date Council Approved _____

DETAILED MAP OF EVENT AREA MUST BE ATTACHED