Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street, Suite 222, St. Paul, MN 55101
(651) 201-7512 TDD (651) 282-6555
FAX (651) 297-5259

APPLICATION FOR PERMIT TO PURCHASE AND/ OR POSSESS ETHYL ALCOHOL AND/OR DISTILLED SPIRITS

MAKE CHECKS PAYABLE TO: ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

FEE$ 20.00

Permit # _____

◯ **PERMIT TO PURCHASE AND POSSESS ETHYL ALCOHOL BY PHYSICIANS, DENTISTS AND VETERINARIANS**
To be used for medicinal, chemical, pharmaceutical, or scientific purposes

◯ **PERMIT TO PURCHASE AND POSSESS ETHYL ALCOHOL BY PHARMACIST**
To be used for the compounding of prescriptions

◯ **PERMIT TO PURCHASE AND POSSESS SPIRITS AND WINE BY HOSPITAL OR SANATORIUM**
To be used for administering to patients upon prescription

◯ **PERMIT TO PURCHASE AND POSSESS Distilled Spirits and Wine**
To be used exclusively in the manufacture of food products and medicines

◯ **PERMIT TO PURCHASE AND POSSES ETHYL ALCOHOL**
To be used for the manufacture of gasohol, medicinal, pharmaceutical, antiseptic, flavoring extracts, syrups, food, scientific, chemical, mechanical or industrial products, or by any municipal county, state or federal agency, any scientific university or college or learning, laboratory used for scientific research or any hospital or sanatorium.

Name of Firm _____, Address _____

of the city of _____, Zip Code _____, Business Phone _____

hereby apply for the above indicated permit (alcohol, spirits & wines) to be used exclusively as provided for by Minn Stat. Chapter 340, and liquor regulations, for a period of one year.

PLEASE RETURN THIS APPLICATION WITH $20.00 FEE

_____
(Name of Firm)

_____
(Applicant Signature) (Date)

Check _____ Cash _____