



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street, Suite 1600, 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 Owner/Officer) (Email)

(Applicant Signature) (Date)

Check _____ Cash _____