



Minnesota Department of Public Safety  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
(651) 201-7504 TDD (651) 282-6555  
FAX (651) 297-5259

## TOUR BOAT APPLICATION TO SELL INTOXICATING LIQUOR

(Operating on Lake Superior, St. Croix River, and Mississippi River)

LICENSE FEE(S) \$1,500 Each Vessel

Sunday Liquor \$75

Duplicate Sunday License \$30

License Number: \_\_\_\_\_ Date Approved: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Workers Comp. Ins, Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Period  
FROM \_\_\_\_\_ TO \_\_\_\_\_ State Tax ID Number \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Applicant's Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Tour Boat Carrier's Name \_\_\_\_\_

Main Address of Carrier \_\_\_\_\_

Body of Water Boats Will Travel \_\_\_\_\_

Total Number of Boats \_\_\_\_\_ Total Number of Boats Being Licensed For Sunday Liquor \_\_\_\_\_

GIVE HOME PORT CITY FOR EACH VESSEL: (If home port is located outside a city, then give county)

Name of Boat \_\_\_\_\_ Home Port \_\_\_\_\_

Name of Boat \_\_\_\_\_ Home Port \_\_\_\_\_

Name of Boat \_\_\_\_\_ Home Port \_\_\_\_\_

Name of Boat \_\_\_\_\_ Home Port \_\_\_\_\_

Name of Boat \_\_\_\_\_ Home Port \_\_\_\_\_

Name of Boat \_\_\_\_\_ Home Port \_\_\_\_\_

(Attach a separate sheet if necessary)

**Licensee is required to provide proof of liquor liability insurance for the full license period and must submit a Coast Guard Certification for each vessel along with application.**

LICENSEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY-(Make check payable to: ALCOHOL AND GAMBLING ENFORCEMENT DIRECTOR)

Amount Received \_\_\_\_\_

Refund Amount \_\_\_\_\_

Refund Made To \_\_\_\_\_