



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

APPLICATION FOR BRANCH LICENSE
Wholesaler of: Intoxicating Liquor \$3,000
Wholesaler of: Malt Beverages \$25
Wholesaler of: Wine - No Fee

License Expiration Date: License Number: Date Approved:

I, _____ as _____
(Owner, Partner or Officer)

for and in behalf of _____
(Trade Name)

(Home Office Address) (City) (Zip Code)

Phone Number _____, Fax Number _____ hereby apply for a wholesale branch license to sell

alcoholic beverages containing more than 3.2 % of alcohol by weight, as herein designated, at:

The branch establishment shall be under the management of _____

- Lease building (provide copy of leasing documents)
- Own building

Name of Firm

Signature of Affiant

MAKE CHECK PAYABLE TO: ALCOHOL & GAMBLING ENFORCEMENT DIVISION

AMOUNT RECEIVED