



Minnesota Department of Public Safety  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
(651) 201-7507 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 \_\_\_\_\_

Applicant Name (Please Print)