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**MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL & GAMBLING ENFORCEMENT DIVISION**  
444 CEDAR STREET, SUITE 133  
ST. PAUL, MN 55101-5133

**APPLICATION FOR  
PERMIT TO PURCHASE AND/OR POSSESS ETHYL ALCOHOL**

MAKE CHECKS PAYABLE TO: **ALCOHOL & GAMBLING ENFORCEMENT DIVISION**

~~FEE \$ 20.00~~

NO FEE  
MN State Colleges & Universities

Permit No. \_\_\_\_\_

**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 WINES**

To be used exclusively in the manufacture of food products and medicines

**PERMIT TO PURCHASE AND POSSESS 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.

\_\_\_\_\_, Address \_\_\_\_\_  
(NAME OF FIRM)

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.

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Applicant Signature) (Date)

**PLEASE RETURN THIS APPLICATION  
WITH \$20.00 FEE**

~~No FEE~~

~~CHECK~~ \_\_\_\_\_  
~~CASH~~ \_\_\_\_\_