



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization	Date organized	Tax exempt number
Lyon County Ag society	1903	8435785

Address	City	State	Zip Code
524 Fairgrounds Road	Marshall	Minnesota	56258

Name of person making application	Business phone	Home phone
Cody Sleiter	507-829-3866	

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Small Brewer
Aug. 12th-18th	<input type="checkbox"/> Club	<input type="checkbox"/> Charitable	<input type="checkbox"/> Religious
	<input checked="" type="checkbox"/> Other non-profit		

Organization officer's name	City	State	Zip Code
Mark Sleiter	Cottonwood	Minnesota	56229

Organization officer's name	City	State	Zip Code
Brock Klaith	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Deloris Richards	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Bob Richards	Marshall	Minnesota	56258

Location where permit will be used. If an outdoor area, describe.
 Lyon County Fairgrounds

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
 West Bend Mutual Insurance Company *1 million dollars*

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

 City or County approving the license

 Date Approved

 Fee Amount

 Permit Date

 Date Fee Paid

 City or County E-mail Address

 City or County Phone Number

 Signature City Clerk or County Official

 Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US