



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
SMSU Ducks Unlimited		1987	
Address	City	State	Zip Code
1501 State St	Marshall	MN	56258
Name of person making application		Business phone	Home phone
Josh Behning		815-404-9972	815-904-9972
Date(s) of event	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer		
2/28/2019	<input checked="" type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name	City	State	Zip Code
Nick Powers	Marshall	MN	56258
Organization officer's name	City	State	Zip Code
Nate Seehafer	Marshall	MN	56258
Organization officer's name	City	State	Zip Code
Jared Zollner	Marshall	MN	56258
Organization officer's name	City	State	Zip Code
		MN	

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

SMSU Upper Conference Center

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

American Legion 412 W Main St, Marshall, MN 56258

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

Liberty Mutual, \$2,000,000

APPROVAL

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

<p>Marshall City or County approving the license</p> <p>\$130.00 Fee Amount</p> <p>1-15-19 Date Fee Paid</p>	<p>_____ Date Approved</p> <p>_____ Permit Date</p> <p>_____ City or County E-mail Address</p> <p>_____ City or County Phone Number</p>
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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