



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: Marshall Area Chamber of Commerce Date organized: 2-11-1930 Tax exempt number:

Address: 118 W. College Dr. City: Marshall State: Minnesota Zip Code: 56258

Name of person making application: Brad Gruhot Business phone: 507-532-4484 Home phone:

Date(s) of event: February 21<sup>st</sup>, 2019 Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: Jill Pieper City: Marshall State: Minnesota Zip: 56258

Add New Officer

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

Advanced Eyecare - Business After Hours

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

No

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

No

**APPROVAL**

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

Marshall  
 City or County approving the license

\$ 30.00  
 Fee Amount

1-14-19  
 Date Fee Paid

\_\_\_\_\_ Date Approved

\_\_\_\_\_ Permit Date

\_\_\_\_\_ 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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**