



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 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: Lyon County Pheasants Forever
 Date organized: 10/6/1982
 Tax exempt number: [REDACTED]

Address: PO Box 217
 City: Marshall
 State: Minnesota
 Zip Code: 56258

Name of person making application: Ronald Prorok
 Business phone: 507 401 6227
 Home phone: [REDACTED]

Date(s) of event: May 22nd 2021
 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

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

Organization officer's name: Ronald Prorok
 City: Marshall
 State: Minnesota
 Zip Code: 56258

Organization officer's name: [REDACTED]
 City: [REDACTED]
 State: Minnesota
 Zip Code: [REDACTED]

Location where permit will be used. If an outdoor area, describe.
 Lyon County Fairgrounds
 504 Fairgrounds Rd
 Marshall, MN 56258

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
 Tall Grass Liquor - Marshall MN 56258
 or

Valley Discount Liquors - Marshall MN 56258

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
 Philadelphia Indemnity Insurance Co
 Accident Fund Ins. Co of America \$1,000,000/\$5,000,000
 Princeton Excess and Surplus Lines Ins. Co.

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

Please Print Name of City Clerk or County Official

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