



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	Date organized	Tax exempt number
Knights of Columbus Holy Redeemer Council 1621	4/1/1912	[REDACTED]

Address	City	State	Zip Code
P.O. Box 1105	Marsall	MN	56258

Name of person making application	Business phone	Home phone
Michael Oney		507-828-0517

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Small Brewer
May 20, 2022	<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
Michael Gruhot	Marshall	MN	56258

Organization officer's name	City	State	Zip Code
Kevin Gruhot	Marshall	MN	56258

Organization officer's name	City	State	Zip Code
Michael Oney	Marshall	MN	56258

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

Inside the Holy Redeemer Food Stand Building located at the Lyon County Fairgrounds in Marshall MN. If weather is favorable, customer will receive bottled beer beverage inside building and consume at picnic table immediately outside building.

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.

APPROVAL

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

Marshall
City or County approving the license

\$30.
Fee Amount

5-2-22
Date Fee Paid

Signature City Clerk or County Official

Date Approved

5/20/22
Permit Date

Kyle-box@ci.marshall.mn.us
City or County E-mail Address

507-537-6775
City or County Phone Number

Kyle Box
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