



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: [blank]

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

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

Date(s) of event: October 8th, 2020
Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

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

Organization officer's name: [blank]
City: [blank]
State: MN
Zip Code: [blank]

Organization officer's name: [blank]
City: [blank]
State: MN
Zip Code: [blank]

Organization officer's name: [blank]
City: [blank]
State: MN
Zip Code: [blank]

Location where permit will be used. If an outdoor area, describe.
SMSU Meet & Greet at SMSU- Hans Zahrbock
Western Equipment Finance's Office Parking Lot - 408 E. Main St. Suite 9, Marshall, MN 56258

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

9-17-2020
Date Fee Paid

[Signature]
Signature City Clerk or County Official

Date Approved

10-8-2020
Permit Date

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

507-537-6775
City or County Phone Number

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