



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 YMCA Date organized 6-1-01 Tax exempt number [REDACTED]

Address 200 South A. St. City Marshall State MN Zip Code 56258

Name of person making application Katie Serbus Business phone 5075329622 Home phone 7634865398

Date(s) of event September 13<sup>th</sup>, 2022 Type of organization  Microdistillery  Small Brewer  
 Club  Charitable  Religious  Other non-profit

Organization officer's name Tom Bolin City Marshall State MN Zip Code 56258

Organization officer's name Jessica Pahms City Marshall State MN Zip Code 56258

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

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

Location where permit will be used. If an outdoor area, describe.  
Multi-purpose room @ the YMCA

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
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If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
West Bend / Bremer Insurance

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 \_\_\_\_\_ 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**