TEMPORARY EXTENSION OF ALCOHOL LICENSE AREA APPLICATION

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258 Phone (507) 537-6763 ~ Fax (507) 537-6830

1. Title, Purpose and Brief Description of Event:						
	Name and Type of Event: Hoplest 2022					
	Location: Bran Brothers Brewing 1010 & Southview					
	Date: Sept 9-10, 2022					
	Description: Beer & Music Festival. Live Bands					
	Food, Masic					
2.	Applicant Authorization:					
	Attach a written communication from the organization in whose name the event will be					
	advertised which authorized you, the applicant, to apply for this special event permit on					
	its or their behalf.					
	Applicants Name and Title: Brau Brothers Brewing Co. LLC					
	Address: 1010 E. Shouthview Wr. 56258					
	Affiliation: Brewery					
	Contact Information: Ph					
2						
3.	Requested Event Components:					
	Dates of Event: $8ep+9-10,2022$					
	Requested Hours of Operation: 6-midnight Friday, noon-midnight S					
	Anticipated Number of Participants: 3,000					
	The summers of the state of the					
4.	Insurance					
	Attached a certificate of insurance					
	*					
5.	Sanitation - Plan for Clean-up/Material Preservation.					
	Number, type and location of trash containers to be provided for the event:					
	Kent main dumpster : 15 additional garbages					
	Number, type and location of portable (or permanent) to be used for this event:					
	3 Portable toilets & brewery bathrooms					
	Other plans insurance post-event cleanliness and material preservation of premises and					
	parking lot: Festival area is cleaned nightly					

6.	Location Map:					
	Indicate items on attached maps:					
	a. Entertainment Locations					
	 b. Alcoholic beverage concessions areas c. Portable toilet facilities (number 3) d. Event participant parking areas 					
	e. Temporary or permanent structures constructed for the event					
	f. Site of electrical wiring to be installed for the event					
	g. Trash containers (number <u>15</u>)					
	h. Other					
,	Availability of Food Poverage and Entertainment					
/.	Availability of Food, Beverage and Entertainment: Food and/or non-alcoholic beverages to be served: _YesNo					
	Food and/or non-alcoholic beverages to be served: _Yes _/\No					
	If yes, you made to have a health permit issued from the State of Minnesota					
	Department of Health.					
	If music, sound amplification or any other noise impact please describe, included the intended hours: Live music 6-midnight on Friday in noon-midnight on Saturday					
	noon-midnight on Saturday					
Q	Security and Safety Procedures					
Ο.	Describe proposed procedures for set up, operation, internal security and crowd					
	control					
	Festival Area is roped off. Certain staff designated as security.					
	staff designated as 'security.					
	N/					
	Will the event take place at night? X Yes No					
	If yes, how will you light the event area in order to increase the safety or participants					
	coming to and leaving the event. Parking lot lights ? additional					
	lighting in tent areas.					
	Attached a copy of any permits obtained regarding the installation of any electrical					
wiring on a temporary or permanent basis and/or if you are building any temporar						
	permanent structures.					

Attach a list of names, address and contact information of the agency or agencies, which will provide first aid staff and equipment.

Attach a copy of any obtained permits from the Fire Department.

9.	Vendors or Concessionaires							
	List each vendor or concessionaire that will be allowed in conjunction with the event.							
	Attach a separate form if necessary.							
	none							
10. Services/Equipment								
	List (if any) city services and/or equipment that is being requested for this event.							
	Stase							
11	. Other Information							
	Very similar to previous years							

(X or N/	A, not applic	cable) – (City Use)				
2 3 4 5	Event is apAll requireInsuranceApplication	thas been made of proved by City Act depermits are issued to the certificate is on finite is complete. Inditions are attack	Iministrator. led and on file. le.	quirements.		
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REVOCATION:		The City Administrator, or her or his designated official, may revoke a special event permit if the conditions set forth in the permit application are not being followed.				
		Permit	is	hereby	revoked	
		Signature/Title				
	Date/Time					
*****	*******	******	******	********	*******	

DEPAR	TMENT DUE	DATE:		_		

Within ten (10) working days of the routing date of this application, please review it and notify the City Administrator of any difficulties expected to be caused by the proposed event. Otherwise, the application will be approved by default. Return to City Clerk.

