



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement  
 445 Minnesota Street, Suite 222  
 St. Paul, MN 55101  
 651-201-7512

**RENEWAL OF CONSUMPTION AND DISPLAY PERMIT**

Permit Fee \$250 (Renewal Date: April 1)

ID#	6018	License Code	CDPBL
Southwest State University			
*1501 State Street			
Marshall	MIN	56258	
Business Phone	50755376225		

**IF NAME AND ADDRESS SHOWN ARE NOT CORRECT, MAKE CHANGES BELOW**

Workers's Comp. Ins. Name State of Minnesota Policy # \_\_\_\_\_ Policy Period \_\_\_\_\_  
State Insured

City/County where permit approved City of Marshall

Licensee Name Southwest Minnesota State University

Address, City, State, Zip 1501 State Street Marshall MN 56258

Business Phone 507-537-6225 Email Christy.Johnson@smsu.edu

By signing this renewal application, applicant certifies that there has been no change in ownership, corporate officers, by laws, membership, partners, home addresses, or telephone numbers. If changes have occurred during the past 12 months, please give details on the back of this renewal, then sign below.

Applicant's signature on this renewal confirms the following: Failure to report any of the following will result in fines.

1. Applicant confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
2. Applicant confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
3. Applicant confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on the back of this renewal, then sign below.
4. Applicant confirms that workers compensation insurance is in effect for the full license period.
5. Applicant confirms, no club on-sale intoxicating liquor license is held.
6. Applicant confirms business premises are separate from any other business establishment.

Licensee Signature Christy Johnson for SMSU Date 3-25-19  
 (Signature certifies all application information to be correct and permit has been approved by city/county.)

City Clerk/County Signature [Signature] Date 4-9-19  
 (Signature certifies that a consumption and display permit has been approved by the city/county as stated above.)

**MAKE CHECKS PAYABLE TO: DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT AND RETURN WITH APPLICATION**

Amount Received \$250.00