



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: LYON COUNTY AGRICULTURAL SOCIETY
 Date organized: 8/13/1903
 Tax exempt number: 41-0737157

Address: PO BOX 411
 City: MARSHALL
 State: Minnesota
 Zip Code: 56258

Name of person making application: DARCY BEEK
 Business phone: 507-530-8929
 Home phone: []

Date(s) of event: 8/10-8/16
 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: MARK SLEITER
 City: COTTONWOOD
 State: MN
 Zip Code: 56229

Organization officer's name: BOB RICHARDS
 City: MARSHALL
 State: MN
 Zip Code: 56258

Organization officer's name: CODY SLIETER
 City: COTTONWOOD
 State: MN
 Zip Code: 56229

Organization officer's name: DARCY BEEK
 City: BALATON
 State: MN
 Zip Code: 56115

Location where permit will be used. If an outdoor area, describe.
 LYON COUNTY FAIRGROUNDS 504 Fairgrounds Rd. Marshall MN 56258

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.
 SECURA POLICY #3443759

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

 City or County approving the license

 Fee Amount

 Date Fee Paid

 Date Approved

 Permit Date

 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