



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
 651-201-7507 TTY 651-282-6555

**APPLICATION AND PERMIT FOR A 1 DAY  
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization	Date of organization	Tax exempt number
Marshall Area YMCA	12/11/2001	411984589

Organization Address (No PO Boxes)	City	State	Zip Code
200 S A Street	Marshall	Minnesota	56258

Name of person making application	Business phone	Home phone
Cindy Rosa	507-532-9622	507-401-6184

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Small Brewer
July 22, 2026	<input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		

Organization officer's name	City	State	Zip Code
Aaron Ziemer	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Beringia Zen	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Cindy Rosa	Marshall	Minnesota	56258

Location where permit will be used. If an outdoor area, describe.  
 Marshall Area YMCA Multipurpose Room

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.

**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

Event in conjunction with a community festival  Yes  No

\_\_\_\_\_  
 City or County E-mail Address

\_\_\_\_\_  
 Current population of city

\_\_\_\_\_  
 Please Print Name of City Clerk or County Official

\_\_\_\_\_  
 Signature City Clerk or County Official

**CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event**

**No Temp Applications faxed or mailed. Only emailed.**

**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**