



MARSHALL

CULTIVATING THE BEST IN US

Application Alcoholic Beverages at City-Owned Facilities and Parks License: \$30/Day

(All information requested is required.)

Name of Applicant/ Organization: Visit Marshall

DBA Name (if different): _____

Address: 118 w. College Drive

City/State/Zip: Marshall MN 56258

Phone Number: 507-537-1865

Email Address: Cassi.Weiss@VisitMarshall
mn.com

Description of Event: Fairbanks ice dogs games

Estimated Attendance: 150 (unless limitations go up)

Dates/Time of Event: Jan 21, 22, 23, 30, 31
Feb 3, 19, 20, 26, 27

On-Sale Intoxicating Liquor License Holder: Fuzzy's Bar

Address: 236 w main street

City/State/Zip: Marshall MN 56258

Phone Number: 507-532-6515

Email Address: _____

Required Submittals:

- A Certificate of Liability Insurance
- A Certificate of Compliance Minnesota Workers' Compensation Law form.
- A Completed Form SP:C1
- A Copy of the On-Sale Intoxicating Liquor License Issued by the City of Marshall
- A Consent of the Release of Information

I hereby submit this application for Alcoholic Beverages at City-Owned Facilities and Parks in accordance with the provisions stated in the ordinances of the City of Marshall.

Cassi Weiss
Signature of Applicant

Cassi Weiss
Name (printed)

1-11-21
Date

FEE PAID _____	PERMIT	APPROVAL	Initials	Date
AMOUNT _____	DATE _____			
RECEIPT NO. _____				
CERT OF INS. REC'D _____		CITY CLERK	_____	_____

