



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 Date organized Tax exempt number  
 V.F.W. Post 742 5-9-1931 931 38 97

Address City State Zip Code  
 West Main St. P.O. Box 121 Marshall MN 56258

Name of person making application Business phone Home phone  
 Ronnie Lee Ormberg Cell 507-829-9278 507-532-6243

Date(s) of event Type of organization  Microdistillery  Small Brewer  
 Aug. 12-13-14-15<sup>th</sup> 2021  Club  Charitable  Religious  Other non-profit

Organization officer's name City State Zip Code  
 Harold Meyer Lyon MN 56257  
*Commander*

Organization officer's name City State Zip Code  
 Ron Ormberg Marshall MN 56258  
*Quarter Master*

Organization officer's name City State Zip Code  
 Eric Brunsold Marshall MN 56258  
*SR Vice*

Organization officer's name City State Zip Code  
 Quentin Brunsold Marshall MN 56258  
*Gambling Manager*

Location where permit will be used. If an outdoor area, describe.  
 Lyon County Fair Grounds Beer Garden - Grand Stand

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.  
 MN Joint Underwriters \$100,000 / \$500,000

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

<p><u>City of Marshall</u>          City or County approving the license</p> <p><u>\$120.00</u>          Fee Amount</p> <p><u>6-15-21</u>          Date Fee Paid</p> <p><u>[Signature]</u>          Signature City Clerk or County Official</p>	<p><u>6-22-21</u>          Date Approved</p> <p><u>Aug. 12-13-14-15, 2021</u>          Permit Date</p> <p><u>Kyle.box@ci.marshall.mn.us</u>          City or County E-mail Address</p> <p><u>507-537-6775</u>          City or County Phone Number</p> <p><u>[Signature]</u>          Approved Director Alcohol and Gambling Enforcement</p>
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**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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**