TEMPORARY EXTENSION OF ALCOHOL LICENSE AREA APPLICATION

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258
Phone (507) 537-6763 ~ Fax (507) 537-6830

1. **Title, Purpose and Brief Description of Event:**
   Name and Type of Event: Shades of the Past: Roll-In
   Location: Main Street - Downtown Marshall
   Date: 05/01/2025
   Description: Car show

2. **Applicant Authorization:**
   Attach a written communication from the organization in whose name the event will be advertised which authorized you, the applicant, to apply for this special event permit on its or their behalf.

   Applicants Name and Title: The Marshall Gambler and Fuzzy's
   Address: 317 West Main Street, Suite 2
   Affiliation: Marshall Downtown Business Association
   Contact Information: Ph: (507) 532-4484 Email: maria.valentin@marshall.mn.org

3. **Requested Event Components:**
   Dates of Event: Thursday, May 1st
   Requested Hours of Operation: 4pm - 7pm
   Anticipated Number of Participants: 200+ people

4. **Insurance**
   Attached a certificate of insurance

5. **Sanitation - Plan for Clean-up/Material Preservation.**
   Number, type and location of trash containers to be provided for the event:
   Provided by Shades of the Past
   Number, type and location of portable (or permanent) to be used for this event:

   Other plans insurance post-event cleanliness and material preservation of premises and parking lot: Provided by Shades of the Past

6. **Location Map:**
   Indicate items on attached maps:
   a. Entertainment Locations
   b. Alcoholic beverage concessions areas
   c. Portable toilet facilities (number____)
   d. Event participant parking areas
   e. Temporary or permanent structures constructed for the event
   f. Site of electrical wiring to be installed for the event
   g. Trash containers (number____)
   h. Other. _____

7. **Availability of Food, Beverage and Entertainment:**
   Food and/or non-alcoholic beverages to be served: X Yes _____No
   If yes, you made to have a health permit issued from the State of Minnesota Department of Health.

   If music, sound amplification or any other noise impact please describe, included the intended hours:_____
   _____

8. **Security and Safety Procedures**
   Describe proposed procedures for set up, operation, internal security and crowd control.
   Provided by Shades of the Past
   _____
   _____

   Will the event take place at night? ____ Yes __X__ No
   If yes, how will you light the event area in order to increase the safety or participants coming to and leaving the event._____
   _____
   _____

   Attached a copy of any permits obtained regarding the installation of any electrical wiring on a temporary or permanent basis and/or if you are building any temporary or permanent structures.

   Attach a copy of any obtained permits from the Fire Department.

   Attach a list of names, address and contact information of the agency or agencies, which will provide first aid staff and equipment.

9. **Vendors or Concessionaires**

List each vendor or concessionaire that will be allowed in conjunction with the event. Attach a separate form if necessary.

10. **Services/Equipment**

List (if any) city services and/or equipment that is being requested for this event.

Picnic tables (15 total) by 3rd Street.

11. **Other Information**

(X or N/A, not applicable) – (City Use)

_____1. Final check has been made of application requirements.
_____2. Event is approved by City Administrator.
_____3. All required permits are issued and on file.
_____4. Insurance certificate is on file.
_____5. Application is complete.
_____6. Special conditions are attached: #_____.

****

REVOCATION: The City Administrator, or her or his designated official, may revoke a special event permit if the conditions set forth in the permit application are not being followed.

Permit is hereby revoked

_____
Signature/Title

_____
Date/Time

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DEPARTMENT DUE DATE: _____

Within ten (10) working days of the routing date of this application, please review it and notify the City Administrator of any difficulties expected to be caused by the proposed event. Otherwise, the application will be approved by default. Return to City Clerk.