



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 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 | |
| Holy Redeemer Church | | [REDACTED] | |
| Organization Address | City | State | Zip Code |
| 503 W Lyon St | Marshall | MN | 56258 |
| Name of person making application | Business phone | Home phone | |
| Fr. Anthony J. Stubeda | 507-532-5711 | [REDACTED] | |
| Date(s) of event | Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer | | |
| August 17, 2022 | <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other non-profit | | |
| Organization officer's name | City | State | Zip Code |
| Fr, Anthony J. Stubeda | Marshall | MN | 56258 |
| Organization officer's name | City | State | Zip Code |
| Doug Olsem | Marshall | MN | 56258 |
| Organization officer's name | City | State | Zip Code |
| Michelle Full | Marshall | MN | 56258 |

Location where permit will be used. If an outdoor area, describe.
 Lyon Co. Fairgrounds

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

Marshall City
 City or County approving the license

\$30.00
 Fee Amount

3/21/22
 Date Fee Paid

 Signature City Clerk or County Official

 Date Approved

8-17-2022
 Permit Date

Kyle.Box@ci.marshall.mn.us
 City or County E-mail Address

507-532-6775
 City or County Phone Number

Kyle Box
 Please Print Name of City Clerk or County Official

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