



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
Holy Redeemer Council 1621 K of C	4/1/1912	1291523

Address	City	State	Zip Code
P.O. Box 1105	Marshall	Minnesota	56258

Name of person making application	Business phone	Home phone
Michael Oney		507-828-0517

Date(s) of event	Type of organization
May 17, 2024	<input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit

Organization officer's name	City	State	Zip Code
Jeff Yorde	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Kevin Gruhot	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Michael Oney	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Stan Dopheide	Marshall	Minnesota	56258

Location where permit will be used. If an outdoor area, describe.
 Inside the Holy Redeemer Food Stand Building located at the Lyon County Fairgrounds in Marshall MN. If weather is favorable, customer will receive bottled beer beverage inside the building and consume at a picnic table immediately outside the building.

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
Date Fee Paid	City or County E-mail Address
	City or County Phone Number

Signature City Clerk or County Official _____ Approved Director Alcohol and Gambling Enforcement _____

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**