



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: Chanda Bossuyt / Relay for life ACS

DBA Name (if different): _____

Address: 212 S. Chapman

City/State/Zip: Ghent, MN 56239

Description of Event: Funds raised through Relay for life directly support the American Cancer Society

Estimated Attendance: 150 people

Dates/Time of Event: 8/19 5:00-9:00

On-Sale Intoxicating Liquor License Holder: Beau Brothers

Address: 1010 E Southview Dr.

City/State/Zip: Marshall, MN 56258

Phone Number: 507-929-2337

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.

Chanda Bossuyt
Signature of Applicant

Chanda Bossuyt
Name (printed)

8/2/2021
Date

FEE PAID <input checked="" type="checkbox"/>	PERMIT	APPROVAL	Initials	Date
AMOUNT <u>\$30</u>	DATE <u>8-3-21</u>			
RECEIPT NO. _____				
CERT OF INS. REC'D <input checked="" type="checkbox"/>		CITY CLERK	<u>KTB</u>	<u>8-4-21</u>