



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 |          |
| Marshall Area Chamber of Commerce | 2/11/1930   | 41-0395440        |          |
| Address                           | City  | State             | Zip Code |
| 317 West Main Street Suite 2      | Marshall  | MN                | 56258    |
| Name of person making application | Business phone  | Home phone        |          |
| Brad Grubot                       | (507) 532-4484  |                   |          |
| Date(s) of event                  | Type of organization  |                   |          |
| 09/05/2023                        | <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 |
| Michael VanDrehle                 | Marshall  | MN                | 56258    |
| Organization officer's name       | City  | State             | Zip Code |
|                                   |   | MN                |          |
| Organization officer's name       | City  | State             | Zip Code |
|                                   |   | MN                |          |
| Organization officer's name       | City  | State             | Zip Code |
|                                   |   | MN                |          |

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

1501 State Street, Marshall, MN 56258  
The Schwan Regional Event Center

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

No

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

No

**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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**