



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 Action Mobility Foundation Date organized 4/20/15 Tax exempt number \_\_\_\_\_

Address P.O. Box 620 City Marshall State Minnesota Zip Code 56258

Name of person making application Joyce Strootman Business phone \_\_\_\_\_ Home phone 507-829-8914

Date(s) of event May 1, 2020 Type of organization  
 Club  Charitable  Religious  Other non-profit

Organization officer's name Joyce Strootman City Marshall State Minnesota Zip Code 56258

Organization officer's name Donna Swenson City Marshall State Minnesota Zip Code 56258

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

Organization officer's name \_\_\_\_\_ City \_\_\_\_\_ State Minnesota Zip Code \_\_\_\_\_

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

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.  
MN Joint Underwriting Assn #310,000

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

Marshall  
 City or County approving the license

3-10-2020  
 Date Approved

\$30.00  
 Fee Amount

5-1-2020  
 Permit Date

3-5-2020  
 Date Fee Paid

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

[Signature]  
 Signature City Clerk or County Official

507-537-6775  
 City or County Phone Number

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)**