



**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 <u>Marshall Area Chamber of Commerce</u>		Date organized <u>02/11/1930</u>	Tax exempt number <u>41-0395440</u>
Address <u>314 West Main Street, Suite 2</u>		City <u>Marshall</u>	State <u>MN</u>
		Zip Code <u>56258</u>	
Name of person making application <u>Brad Gruhot</u>		Business phone <u>507-532-4484</u>	Home phone <u></u>
Date(s) of event <u>November 30, 2023</u>	Type of organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name <u>Ellen Griebel</u>	City <u>Marshall</u>	State <u>MN</u>	Zip Code <u>56258</u>
Organization officer's name <u></u>	City <u></u>	State <u>MN</u>	Zip Code <u></u>
Organization officer's name <u></u>	City <u></u>	State <u>MN</u>	Zip Code <u></u>
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Location where permit will be used. If an outdoor area, describe.

Leading Edge Credit Union  
1406 East College Dr. Suite 100  
Marshall, MN 56258

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