

TEMPORARY EXTENSION OF ALCOHOL LICENSE AREA APPLICATION

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258
Phone (507) 537-6775 ~ Fax (507) 537-6830

1. Title, Purpose and Brief Description of Event:

Name and Type of Event: 1 year anniversary
Location: AJ's Family Arcade, The gym 900 Clance Ave
Date: 8/16/2019
Description: Kayla Daniels music 8p-11pm

2. Applicant Authorization:

Attach a written communication from the organization in whose name the event will be advertised which authorized you, the applicant, to apply for this special event permit on its or their behalf.

Applicants Name and Title: ANTHONY NWAKAMA
Address: 112 Meadowview St Marshall, MN 56258
Affiliation: D
Contact Information: Ph: 507 829 3580 Email: anwakama@swm-ortho.com

3. Requested Event Components:

Dates of Event: 08/16/19
Requested Hours of Operation: 11am - 12:45am (08/16 - 08/17)
Anticipated Number of Participants: unknown Approx. 100 people

4. Insurance

Attached a certificate of insurance

5. Sanitation - Plan for Clean-up/Material Preservation.

Number, type and location of trash containers to be provided for the event: trash cans on patio and designated area in parking lot
Number, type and location of portable (or permanent) to be used for this event: 4 trash cans

Other plans insurance post-event cleanliness and material preservation of premises and parking lot: having staff after event clean the premises.

6. Location Map:

Indicate items on attached maps:

- a. Entertainment Locations
- b. Alcoholic beverage concessions areas
- c. Portable toilet facilities (number 0)
- d. Event participant parking areas
- e. Temporary or permanent structures constructed for the event
- f. Site of electrical wiring to be installed for the event
- g. Trash containers (number 4)
- h. Other. _____

7. Availability of Food, Beverage and Entertainment:

Food and/or non-alcoholic beverages to be served: Yes _____ No

If yes, you made to have a health permit issued from the State of Minnesota Department of Health.

If music, sound amplification or any other noise impact please describe, included the intended hours: Kayla Daniels Music 8pm-11pm on 08-06-18

8. Security and Safety Procedures

Describe proposed procedures for set up, operation, internal security and crowd control.

Normal practices

Will the event take place at night? Yes _____ No

If yes, how will you light the event area in order to increase the safety or participants coming to and leaving the event. It will be taking place on ~~the~~ our patio, there are lights attached.

Attached a copy of any permits obtained regarding the installation of any electrical wiring on a temporary or permanent basis and/or if you are building any temporary or permanent structures. NA

Attach a copy of any obtained permits from the Fire Department. NA

Attach a list of names, address and contact information of the agency or agencies, which will provide first aid staff and equipment. NA

9. Vendors or Concessionaires

List each vendor or concessionaire that will be allowed in conjunction with the event.
Attach a separate form if necessary.

n/a

10. Services/Equipment

List (if any) city services and/or equipment that is being requested for this event.

n/a

11. Other Information
