

APPLICATION AND PERMIT FOR A 1 DAY TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE

Name of organization		Date organized		Tax exempt number	
SOUTHWEST MINNESOTA STATE FOUNDATION		10/17/1963			
Address	City		State	Zip Code	
1501 STATE STREET	MARSHALL	ALL MN		56258	
Name of person making application		Business phon	e	Home phone	
BILL MULSO		507-537-6267		507-532-0310	
Date(s) of event	Type of orga	anization 🔲 M	1 icrodistille	y Small Brewer	
9-7-19	Club [Charitable [Religiou	S X Other non-profit	
Organization officer's name	City		State	Zip Code	
KEN MUKOMELA	MARSHALL		MN	56258	
Organization officer's name	City		State	Zip Code	
			MN		
Organization officer's name	City	I	State	Zip Code	
			MN		
Organization officer's name	City	J I	State	Zip Code	
			MN		
If the applicant will contract for intoxicating liquor service give					
If the applicant will carry liquor liability insurance please provid NORTH RISK PARTNERS 2,000,000/2,000,000	le the carrier's nai	me and amount	of coverag	e.	
	APPROVAL				
APPLICATION MUST BE APPROVED BY CITY OR COUNTY		TO ALCOHOL AND			
City or County approving the license		Co - 10	Date Appro	oved	
Fee Amount	_	7-1-14	Permit D	ate	
Date Fee Paid		yle box &	N 200 MA COLUMN	urshall-mn.us nail Address	
74/4/				Sone Number	
Signature City Clerk or County Official	Approved	d Director Alcoh	ol and Gam	bling Enforcement	
CLERKS NOTICE: Submit this form to Alcohol and Gambling Enfo	15.				

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



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SOUTHWEST MINNESOTA STATE FOUNDATION		10/17/1963		
Address	City		State	Zip Code
1501 STATE STREET	MARSHALL	-	MN	56258
Name of person making application		Business pho	one	Home phone
BILL MULSO		507-537-626	7	507-532-0310
Date(s) of event	Type of org	anization 🔲	Microdistille	ry Small Brewer
OCTOBER 10 & 11, 2019	Club [Charitable	Religiou	s 🔀 Other non-profit
Organization officer's name	City		State	Zip Code
KEN MUKOMELA	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	
If the applicant will carry liquor liability insurance please provide the NORTH RISK PARTNERS	ne carrier's na	me and amoui	nt of coverag	ıe.
2,000,000/2,000,000	PROVAL FORE SUBMITTIN	G TO ALCOHOL AN	ND GAMBLING E	NFORCEMENT
Marche)				
City or County approving the license			Date Appr	oved
Fee Amount	_Oet	10-1	/ <u>/ 2019</u> Permit D	/ late
7-22-19 Date Fee Paid	_Ky	ile box	or County E-r	mail Address
74/12	_50	City (- 6775 or County Ph	one Number
Signature City Clerk or County Official	100 100			nbling Enforcement
CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforce	ement Divisio	n 30 days prior	r to event.	

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Address	City	State		Zip Code	
1501 STATE STREET	MARSHALL	MN		56258	
Name of person making application	Business ph	Business phone Ho		lome phone	
BILL MULSO	507-537-626	57	507-532-0	310	
Date(s) of event	Type of organization	Microdistille	ry 🗌 Sma	all Brewer	
DECEMBER 6, 2019	☐ Club ☐ Charitable	Religiou	s 🔀 Other	non-profit	
Organization officer's name	City	State		Zip Code	
KEN MUKOMELA	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			
If the applicant will contract for intoxicating liquor service give the	name and address of the I	iquor license į	providing th	e service.	
If the applicant will carry liquor liability insurance please provide the NORTH RISK PARTNERS 2,000,000/2,000,000	ne carrier's name and amou	ınt of coverag	e.		
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEF	PROVAL FORE SUBMITTING TO ALCOHOL A	IND GAMBLING E	NFORCEMENT		
City or County approving the license	Date Approved				
Fee Amount 7-22-19 Date Fee Paid		or County E-r	nail Address	hall-mn.us	
J6/12	507-6 City	or County Ph	075 one Numbe	r	
Signature City Clerk or County Official	Approved Director Alc	ohol and Gan	nbling Enfor	cement	

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

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Address	City		State	Zip Code	
1501 STATE STREET	MARSHAL	MARSHALL		56258	
Name of person making application		Business pho	one	Home phone	
BILL MULSO		507-537-626	7	507-532-0310	
Date(s) of event	Type of org	ganization 🔲	Microdistille	ry Small Brewer	
JANUARY 31, 2020	☐ Club	☐ Charitable	☐ Religiou	s 🗵 Other non-profit	
Organization officer's name	City		State	Zip Code	
KEN MUKOMELA	MARSHAL	L	MN	56258	
Organization officer's name	City		State	Zip Code	
	7		MN		
Organization officer's name	City		State	Zip Code	
	7		MN		
Organization officer's name	City	Citv		Zip Code	
			State MN		
If the applicant will contract for intoxicating liquor service give the liquor service give the liquor liqu					
2,000,000/2,000,000					
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BY City or County approving the license Fee Amount	PPROVAL EFORE SUBMITTII	NG TO ALCOHOL AI	Date Appr	roved	
7-22-19 Date Fee Paid	<u>, </u>	Kyle-15 City	0x <u>Quit</u> or County E-1 537-6	marshall.mn.us	
7/1/2		****			
Signature City Clerk or County Official	Approv	Approved Director Alcohol and Gambling Enforcement			

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