



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	Phone number	
SOUTHWEST MINNESOTA STATE FOUNDATION	10/17/1963		
Address	City	State	Zip Code
1501 STATE STREET	MARSHALL	MN	56258
Name of person making application	Business phone	Home phone	
BILL MULSO	507-537-6267	507-532-0310	
Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer	
OCTOBER 10 & 11, 2019	<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
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	

Location where permit will be used. If an outdoor area, describe.
10/10/2019 SOUTHWEST MINNESOTA STATE UNIVERSITY RA FACILITY 1501 STATE STREET MARSHALL, MN
10/11/2019 SOUTHWEST MINNESOTA STATE UNIVERSITY RA PARKING LOT/END ZONE MARSHALL MN

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.
NORTH RISK PARTNERS
2,000,000/2,000,000

APPROVAL

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

<u>Marshall</u> City or County approving the license	<u>Oct. 10-11, 2019</u> Date Approved Permit Date
<u>\$ 60.00</u> Fee Amount	<u>Kyle.box@ci-marshall.mn.us</u> City or County E-mail Address
<u>7-22-19</u> Date Fee Paid	<u>507-537-6775</u> City or County Phone Number
<u>[Signature]</u> Signature City Clerk or County Official	<u>[Signature]</u> 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

