

# TEMPORARY EXTENSION OF ALCOHOL LICENSE AREA APPLICATION

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258

Phone (507) 537-6763 ~ Fax (507) 537-6830

## 1. Title, Purpose and Brief Description of Event:

Name and Type of Event: Mapfest 2024  
Location: Brau Brothers Brewing 1010 E Southview Dr.  
Date: Sept. 6-7<sup>th</sup>, 2024  
Description: Beer & Music Festival, Live Bands, Food, Music

## 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: Brau Brothers Brewing Co. LLC  
Address: 1010 E Southview Dr, Marshall  
Affiliation: Brewery CEO  
Contact Information: Ph: 507-929-2337 Email: dustin@braubeer.com

## 3. Requested Event Components:

Dates of Event: Sept 6-7, 2024  
Requested Hours of Operation: 6-midnight + Friday, 10 a.m. -midnight Sat.  
Anticipated Number of Participants: 3,000

## 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: main dumpster and 15 additional garbages  
Number, type and location of portable (or permanent) to be used for this event: 3 portable toilets & brewery bathrooms  
Other plans insurance post-event cleanliness and material preservation of premises and parking lot: Festival Area cleaned nightly

**6. Location Map:**

Indicate items on attached maps:

- a. Entertainment Locations
- b. Alcoholic beverage concessions areas
- c. Portable toilet facilities (number 3)
- 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 15)
- 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: live music to-midnight Friday,  
noon - midnight Saturday

**8. Security and Safety Procedures**

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

Festival area roped off. Specific  
Staff designated as security.

Will the event take place at night?  Yes  No

If yes, how will you light the event area in order to increase the safety of participants coming to and leaving the event.

Parking lot lights and  
additional lights in tent area

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.

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

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

**9. Vendors or Concessionaires**

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

*none*

**10. Services/Equipment**

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

*Stage*

**11. Other Information**

*very similar to previous years.*

(X or N/A, not applicable) – (City Use)

- \_\_\_\_ 1. Final check has been made of application requirements.
- \_\_\_\_ 2. Event is approved by City Administrator.
- \_\_\_\_ 3. All required permits are issued and on file.
- \_\_\_\_ 4. Insurance certificate is on file.
- \_\_\_\_ 5. Application is complete.
- \_\_\_\_ 6. Special conditions are attached: # \_\_\_\_.

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REVOCATION:           The City Administrator, or her or his designated official, may revoke a special event permit if the conditions set forth in the permit application are not being followed.

                          Permit                           is                           hereby                           revoked

\_\_\_\_\_

Signature/Title

\_\_\_\_\_

Date/Time

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DEPARTMENT DUE DATE: \_\_\_\_\_

Within ten (10) working days of the routing date of this application, please review it and notify the City Administrator of any difficulties expected to be caused by the proposed event. Otherwise, the application will be approved by default. Return to City Clerk.