



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: Friends of the Orchestra LTD
Date organized: 10/2/2007
Tax exempt number: [REDACTED]

Address: P. O. Box 191
City: Lynd
State: MN
Zip Code: 56157

Name of person making application: Kristin Gruhot
Business phone: 507-532-2334
Home phone: [REDACTED]

Date(s) of event: Tuesday, December 6, 2022
Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Kristin Gruhot
City: Lynd
State: MN
Zip Code: 56157

Organization officer's name: [REDACTED]
City: [REDACTED]
State: MN
Zip Code: [REDACTED]

Organization officer's name: [REDACTED]
City: [REDACTED]
State: MN
Zip Code: [REDACTED]

Organization officer's name: [REDACTED]
City: [REDACTED]
State: MN
Zip Code: [REDACTED]

Location where permit will be used. If an outdoor area, describe.
Holy Redeemer Church, 503 W. Lyon Street, 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 of Marshall
City or County approving the license

\$30.00
Fee Amount

10-27-22
Date Fee Paid

Date Approved

12-6-2022
Permit Date

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