



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 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: Holy Redeemer Council 11621 KofC Date organized: 4/1/1912 (National) Tax exempt number: 2-42

Address: Po Box 1105 City: Marshall State: MN Zip Code: 56258

Name of person making application: Mike Oney Business phone: _____ Home phone: (507) 828-0517

Date(s) of event: 5/21/21 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Mike Grubot (Grand Knight) City: Marshall State: MN Zip Code: 56258

Organization officer's name: Kevin Grubot (Deputy Grand Knight) City: Marshall State: MN Zip Code: 56258

Organization officer's name: Mike Oney (Financial Secretary) City: Marshall State: MN Zip Code: 56258

Location where permit will be used. If an outdoor area, describe.
Lyon County Fairgrounds - Holy Redeemer Food Stand. Food stand is enclosed, but we will also have seating outside to allow social distancing.

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

4/28/21
Date Fee Paid

Signature City Clerk or County Official

Date Approved

5/21/21
Permit Date

Kyle box @ci.marshall.mn.us
City or County E-mail Address

507-537-6775
City or County Phone Number

Kyle Box, City Clerk
Please Print Name of City Clerk or County Official

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 TEMPORARY APPLICATION@STATE.MN.US**