



MARSHALL

CULTIVATING THE BEST IN US

Application Alcoholic Beverages at City-Owned Facilities and Parks License: \$30/Day

(All information requested is required.)

Name of Applicant/ Organization: Aaron Ziemer/Marshall Radio

DBA Name (if different): _____

Address: 1414 E College Drive

City/State/Zip: Marshall, MN 56258

Phone Number: (507) 532-2282 Email Address: aaronz@marshallradio.net

Description of Event: Marshall Home Show

Estimated Attendance: 2,500 Dates/Time of Event: Mar 26-27

On-Sale Intoxicating Liquor License Holder: Brau Brothers

Address: 1010 E. Southview Drive

City/State/Zip: Marshall, MN 56258

Phone Number: (507) 929-2337 Email Address: mary@braubeer.com

Required Submittals:

- A Certificate of Liability Insurance
- A Certificate of Compliance Minnesota Workers' Compensation Law form.
- A Completed Form SP:C1
- A Copy of the On-Sale Intoxicating Liquor License Issued by the City of Marshall
- A Consent of the Release of Information

I hereby submit this application for Alcoholic Beverages at City-Owned Facilities and Parks in accordance with the provisions stated in the ordinances of the City of Marshall.


Signature of Applicant

Aaron Ziemer
Name (printed)

3/16/22
Date

FEE PAID <input checked="" type="checkbox"/>	PERMIT	APPROVAL	Initials	Date
AMOUNT <u>\$60</u>	DATE <u>3/17/22</u>			
RECEIPT NO. _____				
CERT OF INS. REC'D <input checked="" type="checkbox"/>		CITY CLERK	<u>KB</u>	<u>3/17/22</u>