

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	Date organ	nized	Tax exempt number
Marshall Convention & Visitor Bureau	Mar 11, 20	22	
Address	City	State	Zip Code
1651 Victory Drive	Marshall	Minnesota	56258
Name of person making application	Business	ohone	Home phone
Cassi Weiss	507-537-1	865	
Date(s), of event	Type of organization	Microdistillery	/ Small Brewer
March 11th, 2022	☐ Club ☐ Charitab	le 🗌 Religious	○ Other non-profit
Organization officer's name	City	State	Zip Code
Cassi Weiss	Marshall	Minnesota	56258
Organization officer's name	City	State	Zip Code
		Minnesota	
Organization officer's name	City	State	Zip Code
		Minnesota	
If the applicant will carry liquor liability insurance please provide t	the carrier's name and am	ount of coverage	2.
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BE	FORE SUBMITTING TO ALCOHO	L AND GAMBLING EN	IFORCEMENT
City of Marshaii City or County approving the license		Date Appro	ved
\$30	3/11/2022		
Fee Amount	Permit Date		
1/19/2022	kyle.box@ci.marshall.mn.us City or County E-mail Address		
Date Fee Paid	C	ity or County E-m	nail Address
	<u>507-537-6775</u> Ci	ty or County Pho	ne Number
Signature City Clerk or County Official	Please Print Name of City Clerk or County Official		

<u>CLERKS NOTICE:</u> 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