



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 MARSHALL AREA CHAMBER OF COMMERCE Date organized 2/11/1930 Tax exempt number 41-0395440

Address 317 WEST MAIN ST, SUITE 2 City MARSHALL State MN Zip Code 56258

Name of person making application BRAD GRUITOT Business phone 507-532-4484 Home phone

Date(s) of event SEPTEMBER 24th, 2026 Type of organization ☐ Club ☐ Charitable ☐ Religious ☒ Other non-profit

Organization officer's name LESLIE HART City MARSHALL State MN Zip Code 56258

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Location where permit will be used. If an outdoor area, describe.

SOUTHWEST MINNESOTA STATE UNIVERSITY
1501 STATE 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 or County approving the license

Fee Amount

Date Fee Paid

Date Approved

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