



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 Date organized Tax exempt number

Address City State Zip Code

Name of person making application Business phone Home phone

Date(s) of event Type of organization Club Charitable Religious Other non-profit

Organization officer's name City State Zip Code

Location where permit will be used. If an outdoor area, describe.
 Marshall Area Chamber of Commerce
 317 West Main Street, Suite 2 Marshall MN 56258 - Business After Hours
 (BAH) on Feb. 26th, 2026

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
 NO

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
 NO

APPROVAL
 APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

<hr/> City or County approving the license	<hr/> Date Approved
<hr/> Fee Amount	<hr/> Permit Date
<hr/> Date Fee Paid	<hr/> City or County E-mail Address
	<hr/> 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