Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 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 of organization: 2/11/1930
Tax exempt number: 41-0395440

Organization Address (No PO Boxes): 317 West Main Street, Suite 2
City: Marshall
State: Minnesota
Zip Code: 56258

Name of person making application: Brad Gruhet
Business phone: 507 532-4484
Home phone:

Date(s) of event: 10-05-26
Type of organization: ☐ Microdistillery ☐ Small Brewer ☐ Club ☐ Charitable ☐ Religious ☐ Other non-profit

Organization officer's name: Leslie Hart
City: Marshall
State: Minnesota
Zip Code: 56258

Organization officer's name:
City:
State: Minnesota
Zip Code:

Organization officer's name:
City:
State: Minnesota
Zip Code:

Location where permit will be used. If an outdoor area, describe.
Taste of Marshall 2026 at the Red Baron Arena + Expo 5:00pm - 7:30pm
1651 Victory Drive Marshall MN 56258

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
NA

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
NA

APPROVAL

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

City or County approving the license

Date Approved

Fee Amount

Permit Date

Event in conjunction with a community festival ☐ Yes ☐ No

City or County E-mail Address

Current population of city

Please Print Name of City Clerk or County Official

Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event
No Temp Applications faxed or mailed. Only emailed.
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***