



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 | | Date of organization | Tax exempt number |
| Southwest Minnesota State University | | 10/17/63 | 1746999 |
| Organization Address (No PO Boxes) | City | State | Zip Code |
| 1501 State Street | Marshall | MN | 56258 |
| Name of person making application | | Business phone | Home phone |
| Devin Gorter | | 507-537-6453 | 507-215-1491 |
| Date(s) of event | Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer | | |
| Saturday, September 9, 2023 (Ag Bowl) | <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit | | |
| Organization officer's name | City | State | Zip Code |
| Devin Gorter, Associate Athletic Director | Marshall | MN | 56258 |
| Organization officer's name | City | State | Zip Code |
| | Marshall | MN | |
| Organization officer's name | City | State | Zip Code |
| | | MN | |

Location where permit will be used. If an outdoor area, describe.
RA Facility Parking Lot REC Plaza Area Marshall MN

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.

North Risk Partners 2,000,000 / 2,000,000

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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