



MARSHALL
CULTIVATING THE BEST IN US

Application
Alcoholic Beverages at City-Owned Facilities and Parks
License: \$30/Day

(All information requested is required.)

Name of Applicant/ Organization: Visit Marshall

DBA Name (if different): Marshall Convention & Visitor Bureau

Address: 1651 Victory drive

City/State/Zip: Marshall MN 56258

Phone Number: 507.537.1865 Email Address: Cassi.Weiss@visitmarshallmn.com

Description of Event: Fairbanks ice dogs hockey games

Estimated Attendance: 1300

Dates/Time of Event: Dec 3rd/4th 7:30pm

On-Sale Intoxicating Liquor License Holder: Fuzzys

Address: 286 West main Street

City/State/Zip: Marshall MN 56258

Phone Number: 507.532.6515 Email Address: _____

Required Submittals:

- A Certificate of Liability Insurance
- A Certificate of Compliance Minnesota Workers' Compensation Law form.
- A Completed Form SP:C1
- A Copy of the On-Sale Intoxicating Liquor License Issued by the City of Marshall
- A Consent of the Release of Information

I hereby submit this application for Alcoholic Beverages at City-Owned Facilities and Parks in accordance with the provisions stated in the ordinances of the City of Marshall.

Cassi Weiss
Signature of Applicant

Cassi Weiss
Name (printed)

Date

FEE PAID _____	PERMIT _____	APPROVAL _____	Initials _____	Date _____
AMOUNT _____	DATE _____			
RECEIPT NO. _____				
CERT OF INS. REC'D _____		CITY CLERK _____		

