

## 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 T	w everent number
Friends of the Orchestra LTD		10/2/2007	
Address	City	State	Zip Code
P. O. Box 191	Lynd	MN	56157
Name of person making application	Bus	iness phone	
Kristin Gruhot	507	-532-2334	
Date(s) of event	Type of organiza	tion Microdistillery	Small Brewer
December 1, 2021	☐ Club ☐ Cl	naritable  Religious [	Other non-profit
Organization officer's name	City	State	Zip Code
Beth Steuck	Marshall	MN	56258
Organization officer's name	City	State	Zip Code
Kristin Gruhot	Lynd	MN	56157
Organization officer's name	City	State	Zip Code
		MN	
Organization officer's name	City	State	Zip Code
		MN	Zip code
If the applicant will contract for intoxicating liquor servi	ce give the hame and addres:	s of the liquor license pro	viding the service.
If the applicant will carry liquor liability insurance please	e provide the carrier's name a	nd amount of coverage.	
APPLICATION MUST BE APPROVED BY CITY OF	APPROVAL COUNTY BEFORE SUBMITTING TO A	LCOHOL AND GAMBLING ENFO	PRCEMENT
City or County approving the license		Date Approved	
\$30.00		/2/	
Fee Amount    1   15   2      Date Fee Paid		Permit Date Dox O Ci., Mars City or County E-mail	hall mn us
	507	7- 537- 6 775 City or County Phone	Number
Signature City Clerk or County Official		ector Alcohol and Gambli	ng Enforcement
CLERKS NOTICE: Submit this form to Alcohol and Gambli	ng Enforcement Division 30 a	lays 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