



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 Holy Redeemer Council 1621 K of C	Date organized 4/1/1912	Tax exempt number 1291523
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Address P.O. Box 1105	City Marshall	State Minnesota	Zip Code 56258
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Name of person making application Michael Oney	Business phone	Home phone 507-828-0517
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Date(s) of event September 21, 2024	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit
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Organization officer's name Jeff Yorde	City Marshall	State Minnesota	Zip Code 56258
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Organization officer's name Kevin Gruhot	City Marshall	State Minnesota	Zip Code 56258
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Organization officer's name Michael Oney	City Marshall	State Minnesota	Zip Code 56258
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Organization officer's name Stan Dopheide	City Marshall	State Minnesota	Zip Code 56258
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Location where permit will be used. If an outdoor area, describe:  
 Inside the 4H Building located at the Lyon County Fairgrounds in Marshall MN. If weather is favorable, customer will receive beer beverage inside the building and consume at a picnic table immediately outside the 4H Building.

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.

**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

\_\_\_\_\_  
 Date Fee Paid

\_\_\_\_\_  
 City or County E-mail Address

\_\_\_\_\_  
 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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**