

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 organiz	ed	Tax exempt number	
Marshall Area Chamber of Commerce		2-11-1930			
Address	City		State	Zip Code	
317 N. Main St. Suite 2	Marc	Marshall		50258	
Name of person making application		Business ph	one	Home phone	
Brad Grunot		507-537	1-4484		
Date(s) of event	Type of org	ganization			
october 6th 2022	Club	Charitable	Religious	Other non-profit	
Organization officer's name	City		State	Zip Code	
Chad Drake	Marshall		MN	5,6522.8	
Organization officer's name	City		State	Zip Code	
			MN		
Organization officer's name	nization officer's name City		State	Zip Code	
			MN		
Organization officer's name	City		State	Zip Code	
			MN		
Red Boxron Arena - Business A If the applicant will contract for intoxicating liquor service give the service of the service	he name and ac	ddress of the lie			
APPLICATION MUST BE APPROVED BY CITY OR COUNTY B City or County approving the license	PPROVAL BEFORE SUBMITTIN	G TO ALCOHOL AN	Date Appro		
Fee Amount	-// A	Permit Date			
Date Fee Paid	City or County E-mail Address				
	City or County Phone Number				
ignature City Clerk or County Official	Approve	d Director Alco	hol and Gamb	ling Enforcement	
LERKS NOTICE: Submit this form to Alcohol and Gambling Enforce	cement Division	n 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 <u>AGE.TEMPORARYAPPLICATION@STATE.MN.US</u>