



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 Church		Date organized	Tax exempt number
Address 503 W. Lyon St		City Marshall	State Minnesota
			Zip Code 56258
Name of person making application Fr. Mark Steffl		Business phone 507-532-5711	Home phone 507-532-5711
Date(s) of event March 23, 2019	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name Fr. Mark Steffl	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name Doug Olsem	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name Michelle Full	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name	City	State MN	Zip Code

Location where permit will be used. If an outdoor area, describe.  
Holy Redeemer Church - Carlin Hall  
501 W. Lyon St, Marshall, MN 56258

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
N/A

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  
Catholic Mutual Insurance

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

Marshall City or County approving the license	Date Approved
\$30.00 Fee Amount	Permit Date
12-13-18 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)**