



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 | Tax exempt number | |
| Marshall Area Chamber of Commerce | 02/11/1930 | 41-0395440 | |
| Address | City | State | Zip Code |
| 317 West Main Street, Suite 2 | Marshall | MN | 56258 |
| Name of person making application | Business phone | Home phone | |
| Brad Gruhot | 507-532-4484 | | |
| Date(s) of event | Type of organization | | |
| October 24, 2023 | <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit | | |
| Organization officer's name | City | State | Zip Code |
| Ellen Griebel | Marshall | MN | 56258 |
| Organization officer's name | City | State | Zip Code |
| | | MN | |
| Organization officer's name | City | State | Zip Code |
| | | MN | |
| Organization officer's name | City | State | Zip Code |
| | | MN | |

Location where permit will be used. If an outdoor area, describe.

Advance Opportunities
1401 Peterson Street
Marshall, MN 56258

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

No

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

No

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