



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 Convention & Visitor Bureau	1/1/1994	41-1780674

Address	City	State	Zip Code
1651 Victory Drive	Marshall	Minnesota	56258

Name of person making application	Business phone	Home phone
Caasi Weiss	507-537-1865	

Date(s) of event	Type of organization
September 19th- September 22nd 2024	<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

Organization officer's name	City	State	Zip Code
Cassi Weiss	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Keith Petermeyer	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Bryce Gorder	Marshall	Minnesota	56258

Organization officer's name	City	State	Zip Code
Steve Klinkhammer	Marshall	Minnesota	56258

Location where permit will be used. If an outdoor area, describe.  
 Mattke Field at the Schwan's regional event center on the Campus of Southwest Minnesota State University

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

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

**APPROVAL**

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

City or County approving the license
Fee Amount
Date Fee Paid

Date Approved
Permit Date
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)**