



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		41-1780674

Address	City	State	Zip Code
1651 Victory Drive	Marshall	Minnesota	56258

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

Date(s) of event	Type of organization	<input type="checkbox"/> Microdistillery	<input type="checkbox"/> Small Brewer	
May 18th 2024	<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
Steve Klinkhammer	Marshall	Minnesota	56258

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

Location where permit will be used. If an outdoor area, describe.
Red Baron Arena & Expo, 1651 Victory Drive Marshall MN

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
n/a - Breweries doing samples only.

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