



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 Marshall Convention & Visitor Bureau		Date organized Apr 20, 2022	Tax exempt number [REDACTED]
Address 1651 Victory Drive	City Marshall	State Minnesota	Zip Code 56258
Name of person making application Cassi Weiss		Business phone 507-537-1865	Home phone [REDACTED]
Date(s) of event April 30th 2022	Type of organization <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 Lucas Tietz	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name Kelly Loft	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name [REDACTED]	City [REDACTED]	State Minnesota	Zip Code [REDACTED]
Organization officer's name [REDACTED]	City [REDACTED]	State Minnesota	Zip Code [REDACTED]

Location where permit will be used. If an outdoor area, describe.
 Red Baron Arena & Expo
 1651 Victory Drive
 Marshall MN 56258

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

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**