



MARSHALL

CULTIVATING THE BEST IN US

Application Alcoholic Beverages at City-Owned Facilities and Parks License: \$30/Day

(All information requested is required.)

Name of Applicant/ Organization: Visit Marshall / Marshall CVB

DBA Name (if different): _____

Address: 118 W College Drive

City/State/Zip: Marshall MN 56258

Phone Number: 507-537-1865 Email Address: Cassi.Weiss@VisitMarshallMN.com

Description of Event: Ice Dogs NAHL hockey games

Estimated Attendance: 250 (unless limitations go up) Dates/Time of Event: Nov 27 & 28, Dec 4 & 5^{pm}
Dec 18 & 19

On-Sale Intoxicating Liquor License Holder: Fuzzys Bar

Address: 2310 W Main Street

City/State/Zip: Marshall MN 56258

Phone Number: 507-532-10515 Email Address: _____

Required Submittals:

- A Certificate of Liability Insurance
- A Certificate of Compliance Minnesota Workers' Compensation Law form.
- A Completed Form SP:C1
- A Copy of the On-Sale Intoxicating Liquor License Issued by the City of Marshall
- A Consent of the Release of Information

I hereby submit this application for Alcoholic Beverages at City-Owned Facilities and Parks in accordance with the provisions stated in the ordinances of the City of Marshall.

Cassi Weiss
Signature of Applicant

Cassi Weiss
Name (printed)

10.21.20
Date

FEE PAID _____	PERMIT	APPROVAL	Initials	Date
AMOUNT _____	DATE _____			
RECEIPT NO. _____				
CERT OF INS. REC'D _____		CITY CLERK _____		

