



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 Holy Redeemer Church		Date organized	Tax exempt number
Address 503 W Lyon St		City Marshall	State Minnesota
Zip Code 56258		Business phone 507-532-5711	Home phone 507-532-5711
Name of person making application Fr. Anthony Stubeda	Date(s) of event August 16, 2023		Type of organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other non-profit
Organization officer's name Fr. Anthony Stubeda	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name Doug Olsem	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name Michelle Full	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name	City	State Minnesota	Zip Code

Location where permit will be used. If an outdoor area, describe.
 Lyon Co. Fairgrounds
 504 Fairgrounds Rd, 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