



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7513 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 & Visitors Bureau		Date organized Feb 6, 2020	Tax exempt number
Address 118 W College Dr	City Marshall	State Minnesota	Zip Code 56258
Name of person making application Julia Stuckey		Business phone 507-537-1865	Home phone N/A
Date(s) of event 3/13/2020 - 3/14/2020	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 Kelly Loft	City Marshall	State Minnesota	Zip Code 56258
Organization officer's name Lucas Tietz	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.
 Red Baron Arena
 1651 Victory Dr
 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.
 Marshall Convention & Visitors Bureau

APPROVAL

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

<u>Marshall</u> City or County approving the license	<u>2-11-2020</u> Date Approved
<u>\$60.00</u> Fee Amount	<u>3/13-14/2020</u> Permit Date
<u>2-6-2020</u> Date Fee Paid	<u>Kyle.Box@ci.marshall.mn.us</u> City or County E-mail Address
<u>[Signature]</u> Signature City Clerk or County Official	<u>507-537-6775</u> City or County Phone Number

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