

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	d Tax exem	pt number
Action Mobility Foundation	Feb. 2	015	:
Address	City	State	z ıр c oae
1105 Lake Rd PDBOX 620	Marshall	Minnesota	56258
Name of person making application	Business phon	e Home pl	none
Donna Swenson	507-337.	-2419 507	829-1233
Date(s) of event Type of organization Microdistillery Small Brewer			
OCt. 18 → 19, 20 19 ☐ Club ☐ Charitable ☐ Religious ☐ Other non-profit			
Organization officer's name	City	State	Zip Code
Donna Swenson, Pres.	Marshall	Minnesota	56258
Organization officer's name	City	State	Zip Code
Loyce Strootman, Treas.	Marshall	Minnesota	56258
Organization officer's name		State	Zip Code
Karen Gruhot, Sec.	Marshall	Minnesota	56258
Organization officer's name	City	State	Zip Code
		Minnesota	
Red Baron Arena \star Expo Marshall, mN If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.			
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If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.			
MN Joint Underwriting Association Annual Aggregates 4310,000			
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 8-26-19	Permit Date		
Date Fee Paid	City or County E-mail Address		
7/1/1/2	City or County Phone Number		
nature 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