



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization: Lyon Ag Society Date of organization: 1903 Tax exempt number: [REDACTED]

Organization Address (No PO Boxes): 524 Fairgrounds Road City: Marshall State: Minnesota Zip Code: 56258

Name of person making application: Cody Sleiter Business phone: 507-629-3866 Home phone: [REDACTED]

Date(s) of event: Aug. 10-14 2022 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Mark Sleiter City: Cottonwood State: Minnesota Zip Code: 56229

Organization officer's name: Deloris Richards City: Marshall State: Minnesota Zip Code: 56258

Organization officer's name: Bob Richards City: Marshall State: Minnesota Zip Code: 56258

Location where permit will be used. If an outdoor area, describe.
Lyon county Fairgrounds

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.
Yes

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

City or County approving the license: _____
\$150.00
 Fee Amount

Date Approved: _____
 Permit Date

Event in conjunction with a community festival Yes No
 Current population of city: _____

City or County E-mail Address: _____

Please Print Name of City Clerk or County Official: _____

Signature City Clerk or County Official: _____

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event
No Temp Applications faxed or mailed. Only emailed.
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