

## 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	e organized	Tax exempt number
MARSHALL AREA CHAMBER OFCO	mnerce 2	-11-1930	
Address	City	State	Zip Code
118 W. COLLEGE DAVE	MARSHA	MN MN	56258
Name of person making application	Bus	siness phone	Home phone
BRAD GRUHOT	5	07-532-44/84	,
Date(s) of event	Type of organiza	ation	
OCTOBER 18,2021	Club C	haritable 🔲 Religiou:	S 🛂 Other non-profit
Organization officer's name	City	State	Zip Code
KEVIN REESE	MARSIH	MN MN	56258
Organization officer's name	City	State	Zip Code
		MN	
Organization officer's name	City	State	Zip Code
		MN	
Organization officer's name	City	State	Zip Code
		MN	
If the applicant will contract for intoxicating liquor service give the ND  If the applicant will carry liquor liability insurance please provide the APPLICATION MUST BE APPROVED BY CITY OR COUNTY BER	ne carrier's name a	and amount of coverag	e.
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		

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