



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	Tax exempt number	
Southwest Minnesota State University		10/17/1963	[REDACTED]	
Address	City	State	Zip Code	
1501 State Street	Marshall	Minnesota	56258	
Name of person making application		Business phone		
Stacy Frost		507/537 6983		
Date(s) of event	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer			
October 9, 2021	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name	City	State	Zip Code	
David	Marshall	Minnesota		
Organization officer's	City	State	Zip Code	
		Minnesota		
Organization officer's name	City	State	Zip Code	
		Minnesota		
Organization officer's name	City	State	Zip Code	
		Minnesota		

Location where permit will be used. If an outdoor area, describe.  
 Southwest Minnesota State University RA Facility area -1501 State Street Marshall, MN 56258

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.  
 North Risk Partners 2,000,000/2,000,000

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 of Marshall	Date Approved
City or County approving the license	10/09/2021
\$30.00	Permit Date
Fee Amount	kyle.box@ci.marshall.mn.us
9/16/2021	City or County E mail Address
Date Fee Paid	507-537-6775
	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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**