

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 organ	nized T	ax exempt number	
Marshall Convention and Visitors Bureau	4-18-19			
Address	City	State	Zip Code	
118 W College Drive	Marshall	Minnesota	56258	
Name of person making application	Business p	hone	Home phone	
Lauren Deutz	507-537-18	865		
Date(s) of event	_ Type of organization [Microdistillery	Small Brewer	
May 17, 2019	Club Charitabl	e 🔲 Religious	☑ Other non-profit	
Organization officer's name	City	State	Zip Code	
Kelly Loft	Marshall	Minnesota	56258	
Organization officer's name	City	State	Zip Code	
		Minnesota		
Organization officer's name	City	State	Zip Code	
		Minnesota		
Organization officer's name	City	State	Zip Code	
		Minnesota		
If the applicant will contract for intoxicating liquor service give the lift the applicant will carry liquor liability insurance please provide Southwest Insurance Company		8	widing the service.	
2,000,000 APPLICATION MUST BE APPROVED BY CITY OR COUNTY BE City or County approving the license	PPROVAL FORE SUBMITTING TO ALCOHOL	AND GAMBLING ENFO		
(3),		D		
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 Al	cohol and Gambli	ing Enforcement	
CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforce			200	

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