

## 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	Date of org	anization	Tax exempt number	
Marshall Convention & Visitor Bureau			41-178064	
Organization Address (No PO Boxes)	City	State	Zip Code	
1651 Victory Drive	Marshall	Minnesota	56258	
Name of person making application	Business p	hone	Home phone	
Adri DeBoer	507-537-18	865		
Date(s) of event	Type of organization	Microdistille	ery 🔲 Small Brewer	
May 17th, 2025	☐ Club ☐ Charitabl	le 🗌 Religiou	us 🔀 Other non-profit	
Organization officer's name	City	State	Zip Code	
Cassi Weiss	Marshall	Minnesota	56258	
Organization officer's name	City	State	Zip Code	
Keith Petermeyer	Marshall	Minnesota		
Organization officer's name	City	State	Zip Code	
Bryce Gortor	Marshall	Minnesota		
If the applicant will carry liquor liability insurance please provide the	ne carrier's name and amo	ount of covera	ge.	
API APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEF	PROVAL FORE SUBMITTING TO ALCOHOL	AND GAMBLING I	ENFORCEMENT	
City or County approving the license	Date Approved			
Fee Amount		Permit Date		
Event in conjunction with a community festival 🔲 Yes 🔲 No	City or County E-mail Address			
Current population of city				
Please Print Name of City Clerk or County Official	Signature City Clerk	or County Offic	 cial	
<b>CLERKS NOTICE:</b> Submit this form to Alcohol and	•	•		

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to even 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