



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 Itasca Curling Association	Date organized 1/6/2022	Tax exempt number 84-3390890
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Address 902 Hale Lake Pointe	City Grand Rapids	State Minnesota	Zip Code 55744
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Name of person making application Haleigh Clevenger	Business phone	Home phone 6123605309
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Date(s) of event 2/17 & 2/18 2023	Type of organization <input checked="" type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit
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Organization officer's name Chris Carlson	City Grand Rapids	State Minnesota	Zip Code 55744
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Organization officer's name Haleigh Clevenger	City Grand Rapids	State Minnesota	Zip Code 55744
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Organization officer's name	City	State Minnesota	Zip Code
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Organization officer's name	City	State Minnesota	Zip Code
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Location where permit will be used. If an outdoor area, describe.

Itasca Curling Assc - 902 Hale Lake Point, Grand Rapids, MN 55744

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.

Itasca Reliable Insurance Agency \$500,000/\$1,000,000 - Policy Number A094260

APPROVAL

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

Grand Rapids
 City or County approving the license

12-5-22
 Date Approved

\$30.00
 Fee Amount

2/17+18/23
 Permit Date

11-28-22
 Date Fee Paid

kgibeau@grandrapidsmn.gov
 City or County E-mail Address

[Signature]
 Signature, City Clerk or County Official

218-326-7600
 City or County Phone Number

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