



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 Itasca Curling Association		Date of organization 10/16/2019		Tax exempt number [REDACTED]	
Organization Address (No PO Boxes) 902 Hale Lake Pointe		City Grand Rapids	State Minnesota	Zip Code 55744	
Name of person making application Haleigh Clevenger		Business phone [REDACTED]		Home phone 6123605309	
Date(s) of event 10/27/23 & 10/28/23		Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input checked="" type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name Jarid Arendt		City Grand Rapids	State Minnesota	Zip Code 55744	
Organization officer's name Haleigh Clevenger		City Grand Rapids	State Minnesota	Zip Code 55744	
Organization officer's name [REDACTED]		City [REDACTED]	State Minnesota	Zip Code [REDACTED]	

Location where permit will be used. If an outdoor area, describe.  
Itasca Curling Assc - 902 Hale Lake Pointe, 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  
\$20.-  
Fee Amount

Event in conjunction with a community festival ☐ Yes ☒ No  
11,268  
Current population of city

Kimberly Gibeau  
Please Print Name of City Clerk or County Official

10-9-23  
Date Approved  
10/27-28/2023  
Permit Date

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

[Signature]  
Signature City Clerk or County Official

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

**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**