

## 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 organize	d	Tax exempt number					
Itasca Economic Development	Corporation	4/27/2			413301			
Address	City		State		Zip Code			
12 NW 3rd St.	Grane	Rapids	Minnesota		55744			
Name of person making application		Business pho	ne	Home ph	none			
Kayla Swanson		218.328	2189	218.	259.4234			
Date(s) of event	Type of org							
Friday, June 30 , 2022	Club	Charitable	Religiou	othe	er non-profit			
Organization officer's name	City		State		Zip Code			
Tamara burey	Grand	Respids	Minnesota		55744			
Organization officer's name	City		State		Zip Code			
Bart Johnson	Gn	nd Reypids	Minnesota		99744			
Organization officer's name	City		State		Zip Code			
Nike Auger	Grano	Papids	Minnesota		99744			
Organization officer's name	City		State		Zip Code			
Brad Dolinski	Bigfo	nc	Minnesota		96628			
Serving inside the of If the applicant will contract for intoxicating liquor service give the	he name and a	ddress of the lic	uor license	providing t	the service.			
If the applicant will carry liquor liability insurance please provide	the carrier's na	ame and amour	nt of coverag	e.				
lathy Gregerson with Grea	ter In	SWANCE	y	00را ۵	30,000			
APPLICATION MUST BE APPROVED BY CITY OR COUNTY E	APPROVAL BEFORE SUBMITTIN	IG TO ALCOHOL AN	ND GAMBLING E	NFORCEMEN	π			
City or County approving the license		Date Approved						
Fee Amount 4-27-2022	Kg	Remit Date  Kgibeaue Ci. grand-rapids. mn.  City or County E-mail Address						
Date Fee Paid		218-326-1600						
	2	City	or County Ph	one Numb	per			
Signature City Clerk or County Official	Approv	ed Director Alco	ohol and Gar	nbling Enf	orcement			
CLERKS NOTICE: Submit this form to Alcohol and Gambling Enfo				-				

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



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER							CONTACT Kathy Gregerson							
GIS of Northeastern MN							PHONE (218) 327-1854 FAX (A/C, No): (218) 999-0393							
407 S. Pokegama Ave.						E-MAL ADDRESS: kgregerson@gismn.com								
						SACON (MEDIC)								
Grand Rapids MN 55744						INSURER(S) AFFORDING COVERAGE						NAIC #		
MSURED MM 55/44						INSURERA: Integrity Insurance Co.					_	14303		
						INSURER B:								
Itasca Economic Development Corporation						INSURER C:								
12 NW 3rd St						INSURER D:								
							INSURER E :							
Grand Rapids MN 55744							INSURER F:							
COVERAGES CERTIFICATE NUMBER: 21-22 REVISION NUMBER:														
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH-STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														
INSR LTR					DDL SUBR			POLICY EFF	LIMITS					
LIK	X COMMERCIAL GENERAL LIABILITY		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCUPRED		\$	1,000,000		
A	Ī									DAMAGE TO RENTE PREMISES (Ea occ	D	\$	100,000	
		==/.		_	1 1	BP 2759905		6/6/2021	6/6/2022	MED EXP (Any one person)		\$	5,000	
										PERSONAL & ADV	INJURY	\$	1,000,000	
l	GEN	L AGGREGATE LIMIT APF	LIES PER:							GENERAL AGGREG	ATE	s	2,000,000	
	X	POLICY PRO- JECT	Loc							PRODUCTS - COMP		s	2,000,000	
		OTHER:								111020010 00111	701 7100	\$		
	AUT	OMOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	s		
		ANY AUTO								BODILY INJURY (P	er nerson)	s		
		ALL OWNED	SCHEDULED							BODILY INJURY (P		\$		
		AUTOS	AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	-	HIREDAUTOS	AUTOS							(Per accident)		\$		
$\vdash$		UMBRELLA LIAB	T											
	-	EXCESS LIAB	OCCUR							EACH OCCURRENCE	E	\$		
	-	EACESS LIAB	CLAIMS-MA	ADE						AGGREGATE	_	\$		
	WOR	DED RETENTION KERS COMPENSATION	1\$	_	_					PER	TOTH-	\$		
AND EMPLOYERS' LIABILITY Y/N			Y/N						STATUTE	ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDE	NT	\$			
	(Man	datory in NH)	· L							E.L. DISEASE - EA E	MPLOYEE	\$		
	DESC	, describe under CRIPTION OF OPERATION	IS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DESC	RIPTI	ON OF OPERATIONS / LO	CATIONS / VEHI	ICLES (ACC	ORD 10	I	ay be atta	ched if more space	e is required)					
The	Li	quor Liability	would re	espond		n the General Liabi	~	•		000 per occu	rrence	for		
the	ev	ent held on 06	/03/2022.	•									- 1	
<u> </u>														
		CATE HOLDER					CANC	ELLATION						
(218) 326-7608							env	III D AMV OF T	HE ABOVE DE	SCDIBED DOLLO	C DE CAN	CELLE	BEEODE	
City of Grand Rapids						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
420 N. Pokegama Ave.									PROVISIONS.			- 1		
Grand Rapids, MN 55744														
-						AUTHORIZED REPRESENTATIVE								
								Kathy Gregerson/KATHY Hathran Gugason						

"ITASCA ECONOMIC DEVELOPMENT CORPORATION: 12 NW 3RD STREET GRAND RAPIDS, MINNESOTA 55744

WELLS FARGO BANK, N.A. GRAND RAPIDS, MN. 55744 17-1/910 222

- 023588

4/25/2022

PAY TO THE City of Grand Rapids

\$ \*\*20.00

DOLLARS

City of Command City of Grand Rapids
420 North Pokegama Ave Grand Rapids, MN 55744

Date

4/25/2022

#O23588# #O91000019# 2220314448#

## **ITASCA ECONOMIC DEVELOPMENT CORPORATION**

023588

City of Grand Rapids

Type Reference Bill 9037

Original Amt. 20.00

**Balance Due** 20.00

4/25/2022

**Discount Payment** 20.00

**Check Amount** 

20.00

Wells Fargo Checking

20.00