



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 organized	Tax exempt number
Itasca Economic Development Corporation		August 1981	411413301
Address	City	State	Zip Code
12 NW 3rd St	Grand Rapids	Minnesota	55744
Name of person making application	Signature:	Business phone	Home phone
Kayla Swanson	<i>Kayla Swanson</i>	218-328-2189	218-259-4234
Date(s) of event	Type of organization		
September 2, 2022	<input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name	City	State	Zip Code
Tamara Lowney	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Bart Johnson	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Mike Auger	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Lori Gill	Grand Rapids	Minnesota	55744

Location where permit will be used. If an outdoor area, describe.

Address same as above

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the
 N/A

service. If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

Greater Insurance Services

APPROVAL

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

City or County approving the license	Date Approved
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 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