



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 Community television, Inc.		June 1983	36-4208055
Address	City	State	Zip Code
819 NE 4th St.	Grand Rapids	Minnesota	55744
Name of person making application		Business phone	Home phone
Beth George		(218) 999-0088	(218) 244-1514
Date(s) of event	Type of organization		
9/22/2023	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name	City	State	Zip Code
Molly MacGregor	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Maureen Rosat	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Michele Smith	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Kirk Gilbertson	Grand Rapids	Minnesota	55744
Location where permit will be used. If an outdoor area, describe.			
ICTV parking lot and studio. 819 NE 4th St. Grand Rapids MN			

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.


League of MN Cities Insurance Trust

APPROVAL

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

Grand Rapids
City or County approving the license
\$ 20.00
Fee Amount
5/8/2023
Date Fee Paid

5-22-2023
Date Approved
9-22-2023
Permit Date
kgibeau@grandrapidsmn.gov
City or County E-mail Address
218-326-7611
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