



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 St. Joe's Catholic Church		Date of organization Jan 1, 1915	Tax exempt number 8806214
Organization Address (No PO Boxes) 315 SW 21st Street	City Grand Rapids	State Minnesota	Zip Code 55744
Name of person making application Justin Linnell - <i>justin@secondharvestncfb.com</i>		Business phone 218-999-4131	Home phone 218-259-5940
Date(s) of event 9-16-23	Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name Fr. Blake Rosier	City Grand Rapids	State Minnesota	Zip Code 55744
Organization officer's name	City	State Minnesota	Zip Code
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Location where permit will be used. If an outdoor area, describe.
Church building, inside

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.
C & L Distribution, 1020 Industrial Drive, Sauk Rapids, MN 56379

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
Catholic Mutual Insurance Co. \$1million liability coverage

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 PD 7-18-23
Fee Amount

7-24-23
Date Approved
9-16-23
Permit Date

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

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

Kimberly Gibeau
Please Print Name of City Clerk or County Official

[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