




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	
Klockow Brewing Company		1/3/17		
Address	City	State	Zip Code	
36 SE 10th St.	Grand Rapids	Minnesota	55744	
Name of person making application	Signature	Business phone	Home phone	
Andy Klockow		715-661-3510		
Date(s) of event	Type of organization			
4/29/23	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name	City	State	Zip Code	
Andy Klockow	Grand Rapids	Minnesota	55744	
Organization officer's name	City	State	Zip Code	
Tasha Klockow	Grand Rapids	Minnesota	55744	
Organization officer's name	City	State	Zip Code	
		Minnesota		
Organization officer's name	City	State	Zip Code	
		Minnesota		

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

**Parking lot of Klockow Brewing Company**

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/EMC 1,000,000/1,000,000**

**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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)