



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7507 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 Klockow Brewing Company		Date organized 01/03/2017	Tax exempt number 814881096
Address 36 SE 10th St	City Grand Rapids	State Minnesota	Zip Code 55744
Name of person making application Andy Klockow		Business phone 7156613510	Home phone
Date(s) of event 12/2/22	Type of organization <input type="checkbox"/> Microdistillery <input checked="" type="checkbox"/> Small Brewer <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name Andy Klockow	City Grand Rapids	State Minnesota	Zip Code 55744
Organization officer's name Tasha Klockow	City Grand Rapids	State Minnesota	Zip Code 55744
Organization officer's name	City	State Minnesota	Zip Code

Location where permit will be used. If an outdoor area, describe.
 Nightmakers Market/First Friday. Downtown between Old Central School and MacRostie Art Center - see drawing. Streets will be blocked off

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.
 Employer's Mutual Casualty Company. \$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
Signature City Clerk or County Official	City or County Phone Number
Please Print Name of City Clerk or County Official	

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**