

## 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	Date of o	rganization	Tax exempt number	
Itasca Economic Development Corporati	tion Augus	+ 1981	411413301	
Organization Address (No PO Boxes)	City	State	Zip Code	
12 NW 319 St.	Grand Rapide	MN	55744	
Name of person making application	Business	phone	Home phone	
Kayla Swansin- Later Survice	218.3	528.2189	218.259.4234	
Date(s) of event				
Friday, December 2nd, 2022	☐ Club ☑ Charita	ble 🔲 Religio	us	
Organization officer's name	City	State	Zip Code	
Tamara Lowney	Grand Papid	MN	95744	
Organization officer's name	City	State	Zip Code	
Bart Johnson	Grand Rapio	(S) MN	55744	
Organization officer's name	City	State	Zip Code	
Mike Auger	Grand Rapid	MN	55744	
Location where permit will be used. If an outdoor area, describe.				
Location where permit will be used. If an outdoor area, describe.  I taska from mic Development Corporation unside the office from 12 NW 329 St.  It was applicant will contract for interioring lie Grand Regulas. MN 55744  Sidewalk out from the contract for interioring lie Grand Regulas.				
12 NW SEA ST				
If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.				
N/A				
If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.				
Greater Insurance Services Certificate will be emuled to you!				
Certificate will be	- emailed to	Asn		
APPROVAL				
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE  Grand Rapids			ENFORCEMENT	
City or County approving the license	Nover	November 14, 2022  Date Approved		
\$20.00	Decembe	er 2, 2022	.0724	
Fee Amount	E-	Permit I	Date	
Event in conjunction with a community festival 🔲 Yes 📈 No	kgibeau@ci.grand-rapids.mn.us			
11,256		City or County E-	mail Address	
Current population of city				
Kimberly Gibeau, City Clerk	Kimber Signature City Clerk	ly Gibeau	u	
Please Print Name of City Clerk or County Official	_			
<u>CLERKS NOTICE:</u> 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