



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: Itasca Economic Development Corporation Date of organization: August 1981 Tax exempt number: 411413301

Organization Address (No PO Boxes): 12 NW 3rd St. City: Grand Rapids State: MN Zip Code: 55744

Name of person making application: Kayla Swanson - Kayla Swanson Business phone: 218-328-2189 Home phone: 218-259-4234

Date(s) of event: Wednesday, October 26th, 2022 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Tamara Lowrey City: Grand Rapids State: MN Zip Code: 55744

Organization officer's name: Bart Johnson City: Grand Rapids State: MN Zip Code: 55744

Organization officer's name: Mike Auger City: Grand Rapids State: MN Zip Code: 55744

Location where permit will be used. If an outdoor area, describe.
CoHaus patio, parking lot, and in the building.
423 NE 6th Ave
Grand Rapids, MN 55744

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

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 _____

Event in conjunction with a community festival Yes No _____

Current population of city _____ City or County E-mail Address _____

Please Print Name of City Clerk or County Official _____

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**