



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 <u>Thunderhawk Blue Line Club</u>		Date of organization <u>10/14/2024</u>		Tax exempt number [REDACTED]	
Organization Address (No PO Boxes) <u>800 NW Comber Ave</u>		City <u>Grand Rapids</u>	State <u>Minnesota</u>	Zip Code <u>55744</u>	
Name of person making application <u>Danica Salisbury</u>		Business phone [REDACTED]		Home phone [REDACTED]	
Date(s) of event <u>6/27/2025 + 6/28/2025</u>		Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer <input checked="" type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name <u>Luiz Erickson</u>		City <u>Grand Rapids</u>	State <u>Minnesota</u>	Zip Code <u>55744</u>	
Organization officer's name <u>Dana Simons</u>		City <u>Grand Rapids</u>	State <u>Minnesota</u>	Zip Code <u>55744</u>	
Organization officer's name <u>Danica Salisbury</u>		City <u>Grand Rapids</u>	State <u>Minnesota</u>	Zip Code <u>55744</u>	
Location where permit will be used. If an outdoor area, describe. <u>Yammer Arena - 2025 Walleye Shootout</u>					

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.

West Bend Insurance Company \$2,000,000

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.-  
Fee Amount

Event in conjunction with a community festival ☐ Yes ☒ No

11,268  
Current population of city

Kimberly Gibeau  
Please Print Name of City Clerk or County Official

5/12/25  
Date Approved  
6/27/25  
Permit Date  
k.gibeau@grandrapidsmn.gov  
City or County E-mail Address  
[Signature]  
Signature City Clerk or County Official