



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: Bemidj Brewing Company LLC Date of organization: 7-25-11 Tax exempt number: N/A

Organization Address (No PO Boxes): 211 America Ave NW City: Bemidj State: Minnesota Zip Code: 56601

Name of person making application: Megan Hill Business phone: 218-444-7011 Home phone: 218-208-8282

Date(s) of event: Riverfest 9-9-23 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Megan Hill + Tom Hill City: Bemidj State: Minnesota Zip Code: 56601

Organization officer's name: Tina Kaney + Justin Kaney City: Bemidj State: Minnesota Zip Code: 56601

Organization officer's name: _____ City: _____ State: Minnesota Zip Code: _____

Location where permit will be used. If an outdoor area, describe.
Grand Rapids Riverfest - Will be serving within designated serving area as described by event organizers.

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.
Maver Clarke Agency - as described in info document for 1-4 day temporary liquor license

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

7-10-2023
 Date Approved

9-9-2023
 Permit Date

Event in conjunction with a community festival Yes No

11,268
 Current population of city

kjibeau@grandrapidsmn.gov
 City or County E-mail Address

Kimberly Gibeau
 Please Print Name of City Clerk or County Official

[Signature]
 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