



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 222, St. Paul, MN 55101  
 651-201-7500 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: VFW Post 1720 Vietnam 50th Commemorative Dinner Date organized: 1929 Tax exempt number:

Address: 1212 NW 4th street City: Grand Rapids State: Minnesota Zip Code: 55744

Name of person making application: Joel Kvilvang Adjutant Signature:  Business phone: 2182445301 Home phone:

Date(s) of event: June 17-18th 2022 Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: Mike Randall commander City: Grand Rapids State: Minnesota Zip Code: 55744

Organization officer's name: Joel Kvilvang Sr Vice City: Grand Rapids State: Minnesota Zip Code: 55744

Organization officer's name: James Mozey Quartermaster 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.

1212NW 4th street and asking that we can have 14th ave nw by Goodwill the part of road that is dead ended by tracks. and Parking lot by Herculift, with both parties permission.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the  
**N/A**

service. If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

**FOUNDERS INSURANCE CO. PO# 2018000183**  
**\$300K PER OCCURRENCE. \$600K ASS. APPROVAL**

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City of Grand Rapids  
 City or County approving the license  
\$20  
 Fee Amount  
May 19, 2022  
 Date Fee Paid

May 23, 2022  
 Date Approved  
June 17-18, 2022  
 Permit Date  
kgibeau@ci.grand-rapids.mn.us  
 City or County E-mail Address  
218-326-7600  
 City or County Phone Number

Kimberly Gibeau  
 Signature City Clerk or County Official

Approved Director Alcohol and Gambling Enforcement

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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)