

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	Date organized		Tax exempt number		
MacRostie Art Center		11/1966		23-7105948	
Address	City		State		Zip Code
405 NW 1st Ave		Grand Rapids			55744
Name of person making application		Business pho	ne	Home ph	one
Katie Marshall		218-326-2697		218-326-2046	
Date(s) of event	Type of org	anization	***************************************		
Friday, December 1, 2023		Charitable	☐ Religious	⊘ Othe	r non-profit
	City		State		Zip Code
Organization officer's name Heidi Holtan		Grand Rapids			55744
					Zip Code
Organization officer's name	City	1			55744
Erin Whight		Grand Rapids			
Organization officer's name	City	1			Zip Code 55744
Bruce Bartos	Grand R	Grand Rapids			
Organization officer's name	City		State Minnesota		Zip Code
If the applicant will contract for intoxicating liquor service give the N/A	ne name and a	udiess of the in	quoi necrise p	, o	
If the applicant will carry liquor liability insurance please provide	the carrier's n	ame and amou	nt of coverag	e.	
Employers Mutual Casualt	APPROVAL				
APPLICATION MUST BE APPROVED BY CITY OR COUNTY	BEFORE SUBMITTIN	NG TO ALCOHOL A	ND GAMBLING E	NFORCEMEN'	Г
Grand Rapids		6	-/1-23		
City or County approving the license			Date Approved 1 3 - 1 - 2 3		
\$ 20.00	-	12	Permit D	The second secon	
5-19-53 Date Fee Paid		Kg(bead	or County E-	mail Addre	spidsmug
Benilf Gibeau			35 G- or County Ph		
Signature City Elerk or County Official		ed Director Alc		nbling Enfo	orcement
CLERKS NOTICE: Submit this form to Alcohol and Gambling Enfo	rcement Divisi	on 30 days pric	or to event.		