

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		Minnesota	55744	
Name of person making application	Bu	siness pho	ne	Home phone	
Katie Marshall	218-326-26		97	218-326-2046	
Date(s) of event	Type of organization				
Friday, October 6, 2023	🔲 Club 🔲 Charitable 🔲 Religious 📝 Other non-profit				
Organization officer's name	City Grand Rapids		State	Zip Code	
Heidi Holtan			Minnesota	55744	
Organization officer's name	City		State	Zip Code	
Erin Whight	Grand Rapids		Minnesota	55744	
Organization officer's name	City		State	Zip Code	
Bruce Bartos	Grand Rapids		Minnesota	55744	
Organization officer's name	on officer's name City		State	Zip Code	
			Minnesota		

Location where permit will be used. If an outdoor area, describe.

Galleries and studios at MacRostie Art Center, 405 NW 1st Avenue, 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.

Employers Mutual Casualty Company, \$1,000,000

APPROVAL

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

City or County approving the license 20.0 ee Amount

5-19-0

6-12-23 Date Approved or County Phone Number

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.TEMPORARY APPLICATION@STATE.MN.US