



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 MacRostie Art Center		Date organized 11/1966	Tax exempt number 23-7105948
Address 405 NW 1st Ave	City Grand Rapids	State Minnesota	Zip Code 55744
Name of person making application Katie Marshall		Business phone 218-326-2697	Home phone 218-326-2046
Date(s) of event Friday, July 7, 2023	Type of organization <input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other non-profit		
Organization officer's name Heidi Holtan	City Grand Rapids	State Minnesota	Zip Code 55744
Organization officer's name Erin Whight	City Grand Rapids	State Minnesota	Zip Code 55744
Organization officer's name Bruce Bartos	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.

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

Grand Rapids
City or County approving the license

\$20.00
Fee Amount

5-19-23
Date Fee Paid

6-12-23

Date Approved

7-7-23

Permit Date

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

218-326-7600
City 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.TEMPORARYAPPLICATION@STATE.MN.US