



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: Itasca Economic Development Corporation
 Date organized: 08/21/1982
 Tax exempt number: 41-1413301

Address: 12 NW 3rd St
 City: Grand Rapids
 State: Minnesota
 Zip Code: 55744

Name of person making application: Teri Heikkila
 Signature: *Teri Heikkila*
 Business phone: 218-328-2187
 Home phone: 218-259-0258

Date of event: December 3, 2021
 Type of organization: Club Charitable Religious Other non-profit

Organization officer's name: Tamara Lowney, President
 City: Grand Rapids
 State: Minnesota
 Zip Code: 55744

Organization officer's name: Bart Johnson, Chairman
 City: Grand Rapids
 State: Minnesota
 Zip Code: 55744

Organization officer's name: Mike Auger, Vice Chairman
 City: Grand Rapids
 State: Minnesota
 Zip Code: 55744

Organization officer's name: Katie Glorvigen Tierney
 City: Treasurer
 State: Minnesota
 Zip Code: 55744

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

In our building at address above

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.

APPROVAL

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

City of Grand Rapids

September 27, 2021

City or County approving the license

Date Approved

\$20.00

December 3, 2021

Fee Amount

Permit Date

September 21, 2021

kgibeau@ci.grand-rapids.mn.us

Date Fee Paid

City or County E-mail Address

218-326-7600

City or County Phone Number

Kim 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