



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

| | | | |
|------------------------------------|---|-------------------|----------|
| Name of organization | Date of organization | Tax exempt number | |
| Itasca Curling Association | 1/6/2022 | [REDACTED] | |
| Organization Address (No PO Boxes) | City | State | Zip Code |
| 902 Hale Lake Pointe | Grand Rapids | Minnesota | 55744 |
| Name of person making application | Business phone | Home phone | |
| Haleigh Clevenger | | [REDACTED] | |
| Date(s) of event | Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer | | |
| 3/28/25 - 3/29/25 | <input checked="" type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit | | |
| Organization officer's name | City | State | Zip Code |
| Jarid Arendt | Grand Rapids | Minnesota | |
| Organization officer's name | City | State | Zip Code |
| Haleigh Clevenger | Grand Rapids | Minnesota | |
| Organization officer's name | City | State | Zip Code |
| | | Minnesota | |

Location where permit will be used. If an outdoor area, describe.
Itasca Curling Assc - 902 Hale Lake Point, 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.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
Itasca Reliable Insurance Agency \$500,000/\$1,000,000 - Policy Number A094260

APPROVAL

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

Grand Rapids
City or County approving the license

\$ 50.00
Fee Amount

Event in conjunction with a community festival Yes No

11,208
Current population of city

Kimberly Gibeau
Please Print Name of City Clerk or County Official

11-12-24
Date Approved

3/28-29/25
Permit Date

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

[Signature]
Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event

No Temp Applications faxed or mailed. Only emailed.

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