

## 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	1/6/20	022	<b>21-22-22</b> 0
Organization Address (No PO Boxes)	City	State	Zip Code
902 Hale Lake Pointe	Grand Rapids	Minnesota	55744
Name of person making application	Busin	ness phone	Home phone
Haleigh Clevenger	- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Date(s) of event	Type of organization	on Microdistille	ry Small Brewer
2121125-2122125		ritable   Religiou	s 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	
If the applicant will carry liquor liability insurance please provide Itasca Reliable Insurance Agency \$500,000/\$1,000,000 - Policy Nu		d amount of coverag	ge.
APPLICATION MUST BE APPROVED BY CITY OR COUNTY B	EFORE SUBMITTING TO ALC	COHOL AND GAMBLING E	ENFORCEMENT
grand Rapeds	7/-/2-24 Date Approved		
City(of County approving the license	5/21-11 /3C		
Fee Amount	- 4	Permit D	Pate
Event in conjunction with a community festival Yes No 11,368 Current population of city Kimberly Cibeau	Kg.	ib eau DG (a City or County E-	andrapidsmo. g
Please Print Name of City Clerk or County Official	,	Clerk or County Offic	
CLERKS NOTICE: Submit this form to Alcohol and		cement Divisior	1 30 days prior to event
No Temp Applications faxed or mailed. Only emails ONE SUBMISSION PER EMAIL, APPLICATION O			

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