

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 orga	nization	lax exempt number	
Itasca Curling Association		1/6/2022			
Organization Address (No PO Boxes)	City		State	Zip Code	
902 Hale Lake Pointe	Grand Ra	oids	Minnesota	55744	
Name of person making application		Business ph	one	Home phone	
Haleigh Clevenger					
Date(s) of event	Type of or	ganization	Microdistille	ry Small Brewer	
12/6/24-12/7/24	☐ ☐ Club	Charitable	Religiou	S Other non-profit	
Organization officer's name	City		State	Zip Code	
Jarid Arendt	Grand Rap	Grand Rapids			
Organization officer's name	City	City		Zip Code	
Haleigh Clevenger		Grand Rapids			
Organization officer's name	City	City		Zip Code	
	7				
If the applicant will carry liquor liability insurance please provi Itasca Reliable Insurance Agency \$500,000/\$1,000,000 - Policy			int of coverag	je.	
ADDITIONALITY BE ADDROVED BY CITY OF COUNTY	APPROVAL	IC TO ALCOHOL A	ND CAMPIING E	NEODCEMENT	
APPLICATION MUST BE APPROVED BY CITY OR COUNT	I A RELOKE 20RWII III			2	
City or County approving the license		/	Date Appr	- /2 - 2 4 Date Approved	
\$ 20.00		14	16/24 - Permit D	12/7/24	
Fee Amount					
Event in conjunction with a community festival Yes	lo/	Sgiblan	a gran	drapidsmw.g	
11,268		U City	or County E-I	mail Address	
Current population of city		1/1/			
Bimbuly Arbian		Kull	10		
Please Print Name of City Llerk or County Official	,	re City Clerk or	,		
CLERKS NOTICE: Submit this form to Alcohol a No Temp Applications faxed or mailed. Only em-		rmorceme	III DIVISIOI	i so days prior to evi	
ONE SUBMISSION PER EMAIL, APPLICATION					
PLEASE PROVIDE A VALID E-MAIL ADDRES		CITY/COL	NTV AC	II TEMPORARY	
PERMIT ADDROVAL CHILL DE CENT RACE					

CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US