



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		
1/18/25 - 1/19/25	<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

<u>Grand Rapids</u> City or County approving the license	<u>11-12-24</u> Date Approved
<u>\$ 20.00</u> Fee Amount	<u>1/18-19/25</u> Permit Date
Event in conjunction with a community festival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>kgibeau@grandrapidsmn.gov</u> City or County E-mail Address
<u>11,268</u> Current population of city	<u>Kimberly Gibeau</u> Signature City Clerk or County Official
<u>Kimberly Gibeau</u> Please Print Name of 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**