



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	Date organized	Tax exempt number	
Grand Rapids Area Community Foundation	1994	41-1761590	
Address	City	State	Zip Code
350 NW 1st Ave, Suite E	Grand Rapids	Minnesota	55744
Name of person making application	Business phone	Home phone	
Susan Lynch	218.999.9100	218.259.1835	
Date(s) of event	Type of organization		
09/03/2021	<input type="checkbox"/> Club <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit		
Organization officer's name	City	State	Zip Code
Cynthia Margo	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Shannon Benolken	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Julie Wilcox	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Kristian Myers	Grand Rapids	Minnesota	55744

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

350 NW 1st Ave, Suite E, Gr Rapids MN

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

n/a

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	August 9, 2021
City or County approving the license	Date Approved
\$20.00	September 3, 2021
Fee Amount	Permit Date
July 30, 2021	kgibeau@ci.grand-rapids.mn.us
Date Fee Paid	City or County E-mail Address
	218-326-7600
Signature City Clerk or County Official	City or County Phone Number
	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