

## 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 organize	:d	Tax exempt number
MacRostie Art Center	11/1966	· · · · · · · · · · · · · · · · · · ·	23-7105948
Address	City	State	Zip Code
405 NW 1st Ave	Grand Rapids	Minnesota	55744
Name of person making application	Business pho	ne	Home phone
Katie Marshall	218-326-26	397	218-326-2046
Date(s) of event	Type of organization		
Friday, December 2, 2022	Club Charitable	Religious	Other non-profit
Organization officer's name	City	State	Zip Code
Heidi Holtan	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Erin Whight	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Aaron Olson-Reiners	Grand Rapids	Minnesota	55744
Threaden and the second	City	State	Zip Code
Organization officer's name Bruce Bartos	Grand Rapids	Minnesota	55744
Galleries and studios at MacRostie Art Center, 405  If the applicant will contract for intoxicating liquor service give the N/A		•	
If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.  Employers Mutual Casualty Company, \$1,000,000			
AP APPLICATION MUST BE APPROVED BY CITY OR COUNTY BE	PROVAL	MOCAMBING F	NFORCEMENT
City of Grand Rapids		December 2, 2022	
City of Crand Kapitus  City or County approving the license	MAKAMATAN PERSENTAN PERSEN	Date Approved	
\$20	Decemb	December 2, 2022	
Fee Amount	Permit Date		
June 2, 2022	kgibeau@ci.grand-rapids.mn.us		
Date Fee Paid	City or County E-mail Address		
	218-32	26-7600 or County Ph	one Number
Kinhardy Oikan	City	OI COURTY FIL	Cite sangiines
Kimberly Gibeau Signature City Clerk or County Official	Approved Director Ak	ohol and Gar	nbling 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. TEMPORARY APPLICATION & STATE MIN.US