



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
Klockow Brewing Company Inc		1/3/2017	4840375
Address	City	State	Zip Code
36 SE 10th St.	Grand Rapids	Minnesota	55744
Name of person making application		Business phone	Home phone
Andy Klockow		2189997229	7156613510
Date(s) of event	Type of organization		
9/25/2021	<input 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
Andy Klockow	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
Tasha Klockow	Grand Rapids	Minnesota	55744
Organization officer's name	City	State	Zip Code
		Minnesota	
Organization officer's name	City	State	Zip Code
		Minnesota	

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

Parking lot at Klockow Brewing Company

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.

Employer's Mutual Casualty Company - 1,000,000

Applicant Signature: Andy Klockow
Andy Klockow (Jul 22, 2021 11:58 CDT)

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City of Grand Rapids

City or County approving the license

\$20.00

Fee Amount

Date Fee Paid

Date Approved

Permit Date

kgibeau@ci.grand-rapids.mn.us

City or County E-mail Address

218-326-7611

City or County Phone Number

Signature City Clerk or County Official

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