



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: Itasca Curling Association Date organized: 3-2000 Tax exempt number: 84-3390890

Address: 902 Nale Lake Pointe Rd City: Grand Rapids State: Minnesota Zip Code:

Name of person making application: Ramona Sjostrand Signature:  Business phone:  Home phone: 218-256-2030

Date(s) of event: 8-14-2001 Type of organization:  Club  Charitable  Religious  Other non-profit

Organization officer's name: Amber Heinle City: Grand Rapids State: Minnesota Zip Code: 55744

Organization officer's name: Chris Carlson City: Grand Rapids State: Minnesota Zip Code: 55744

Organization officer's name: Julie Gotthard City: Grand Rapids State: Minnesota Zip Code: 55744

Organization officer's name: Ramona Sjostrand City: Cohasset State: Minnesota Zip Code: 55721

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

At Club in Parking lot

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.

**APPROVAL**

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

City or County approving the license:  Date Approved: 7-26-21

Fee Amount: \$ 20 Permit Date:

Date Fee Paid: 7-21-21 City or County E-mail Address:

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](mailto:AGE.TEMPORARYAPPLICATION@STATE.MN.US)**