APPLICATION FOR EVENT ALCOHOLIC BEVERAGE PERMIT CITY OF DICKINSON, ND

CITY CODE SECTION 4.08.270

Please mail or drop off the following form at the address below when completed. The undersigned hereby makes application for a license to sell alcoholic beverages at special events, public dances, beer gardens or music festivals, in the City of Dickinson, North Dakota, under the provisions of City Code and ordinances governing alcoholic beverages and alcoholic beverage permits, and submits the following facts in support thereof:

STAT	TE OF NORTH DAKOTA)				
COUN	JNTY OF STARK)				
1.	Name of licensee:				
2.	Name of licensed establishment:				
3.	Mailing address of licensed establishment:				
4.	Telephone number of licensee:				
5.	State alcoholic beverage number:				
6.	City alcoholic beverage number: _				
7.	Name of event coordinator:				
8.	Event coordinator telephone numb	er:			
9.	Name of hosting premises:				
10.	Address of host premises:				
11.					
12.	Date(s) of event:	Hours of event:			
13.	Description of event:				
14.	Event restricted to those 21 years	of age or older? () Yes () No			

15.	Wrist band or hand stamp for 21yoa? () *Yes () No *Specify: Band - Stamp				
16.	Live music? () *Yes () No *Band name:				
17.	Anticipated crowd size?				
18.	Is there a dining area? () Yes () No If so, do you (will you) serve alcoholic beverages in this dining area? () Yes () No *You are hereby given notice that all food items will be sold/served in an area separate from area where alcohol is sold.				
20.	Name of bona fide security company contracted for event:				
21.	Number of bona fide security personnel assigned to event:				
22.	Number of in-house staff dedicated to security for event:				

- 23. I hereby verify there will be one entrance, one exit and a person (server trained preferred) stationed at the entrance/exit at all times to check ID's. I hereby also acknowledge the Police Department will conduct routine inspections to insure that I am in compliance with foregoing conditions.
- 24. Identify the premises to be used and draw a clear and understandable floor plan of premises. Show what part of the building/area will be used for the alcoholic beverage business, including all exits, bars, dining areas (if any), beverage coolers and beverage storage area. Indicate what are solid walls, half walls, dividers, moveable partitions or stanchion controlled areas. If event is being conducted outdoors, include the area to be fenced. *Note: Alcohol sale areas have to have clear and defined boundaries denoted in diagram showing the entrance/exit and establishing a restrictive over the counter sale area. *Attach additional sheets as needed*.

granted I agree to com State of North Dakota	± •	he ordinances of the City of Dickinson and the States.	e laws of the		
Dated this	day of		_•		
	- (Licensee)			
	BY:	Name and title if corporate officer)			
	,	Name and title if corporate officer)			
Subscribed and sworn	to before me th	sday of	, 20		
(SEAL)	_				
` ,]	Notary Public,			
	-	County, North Dakota			
	My Commission Expires:				
business days prior to the event will be asses	o event is \$25. A ssed an addition ed less than 3 d	Standard application fee for applications pplications submitted less than 10 business of all \$100 expedite fee. No applications will be ays prior to the event. Completed application ive days.	days prior to accepted or		
Approved by:		Approved by:			
City Administrator	Date	Police Department	Date		
City of Dickinson c/o Rita Binstock 99 2 nd Street East Dickinson ND 58601					

I hereby state that the above information is true to the best of my knowledge and if such permit is