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:

STATI	E OF NORTH DAKOTA)				
COUN	TTY 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 number:				
9.	Name of hosting premises:				
10.	Address of host premises:				
11.	Phone number at event location:				
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 21 yoa? () *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	- ·	rdinances of the City of Dickinses.	on and the laws of the	
Dated this	day of	, 2		
	(Lice	nsee)		
	BY:	,		
	(Nan	ne and title if corporate officer)		
Subscribed and sworn	to before me this	day of	, 20	
(SEAL)				
	Nota	ry Public,		
		County, North Dakota My Commission Expires:		
business days prior to the event will be asses	event is \$25. Appl sed an additional \$ ed less than 3 days]	andard application fee for applications submitted less than 10 k 100 expedite fee. No application prior to the event. Completed applays.	ousiness days prior to ns will be accepted or	
Approved by:		Approved by:		
City Administrator	Date	Police Department	Date	
City of Dickinson c/o Rita Binstock 38 1 st Street West Dickinson ND 58601				

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