CITY OF CARRINGTON PERMIT TO SELL ALCOHOLIC BEVERAGES AT A SPECIAL EVENT

Name, address, Phone Number, and license number of the holder of the license:

Date of event: _____

Alternate date in the event of inclement weather:

Hours of the event:

Location of the event: _____

Describe special event, including reasons why the City should determine that it is a special event:

Type of alcohol to be sold:

Method of the sale of the alcohol:

Attach a diagram of the event which sets out the following:

- a) Where alcoholic beverages are to be dispensed,
- b) Where alcoholic beverages are to be consumed,
- c) All entrances and exits,
- d) If individuals under the age of 21 will be present, delineate the areas where they are allowed.

Will there be minors present:_____

Will the event include a public/street dance?_____

If so, attach the application for a public/street dance.

If the Chief of Police recommends that Police Officers shall be present at the special event, the license holder will be responsible for the cost of hiring those Police Officers to be present.

I understand this permit must be displayed under the same requirements as my license.

To the extent that N.D.C.C. §5-02-01.1, and any amendments thereto allows an Event Permit holder to authorize individuals under the age of twenty-one to remain in the area of the Event, the Event Permit Holder must not allow any person under the age of twenty-one within the area described in the Event Permit to consume, possess, or receive alcoholic beverages.

An Event Permit holder must abide by the City of Carrington Municipal Code and all applicable Century Code provisions.

FEE: \$25.00 per day days prior to the even FEE: \$50.00 addition	nt.	• • •			·	at least 30
Date:	Name and title:					
**************************************	******	******	******	*******	******	******
Police Chief: Does this event requi If yes, it is the respon				e applicant	of such requ	iirements.
APPROVED:	YES	NO				
Police Chief **************	****		*****	*****	*****	*****
Approved:	Denied	l:				
Date paid:	Rec #		Check #			
City Auditor						

DIAGRAM: