

# APPLICATION FOR SPECIAL EVENT ALCOHOLIC BEVERAGE PERMIT

Complete three copies of this application. After completion, submit all three to: Forman City Hall - 349 Main St - PO Box 122 - Forman, ND 58032. **The fee of \$5 must accompany this application.**

The undersigned hereby makes application for a license to sell alcoholic beverages sell alcoholic beverages at special events at designated premises in Sargent County, North Dakota, under the provisions of the North Dakota Century Code governing alcoholic beverage permits, and submits the following facts I support thereof:

**Name of licensee:** \_\_\_\_\_

**Name of business:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Telephone number of licensee:** \_\_\_\_\_

**State alcoholic beverage license number:** \_\_\_\_\_

**Local alcoholic beverage license number(s):** \_\_\_\_\_

**Local license issued by:** City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**Date(s) of event:** \_\_\_\_\_

**Describe event fully:** \_\_\_\_\_

\_\_\_\_\_

**Name of event premises:** \_\_\_\_\_

**Address of event premises:** \_\_\_\_\_

**Phone number of premises:** \_\_\_\_\_

I hereby state that the above information is true to the best of my knowledge and if such permit is granted I agree to comply with all of the ordinances of Sargent County and the laws of the State of North Dakota and the United States.

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only:

*Local governing body: After granting approval, retain one copy and forward two executed copies to Attorney General-Licensing Department, State Capitol, Bismarck, ND 58505, for the Attorney General approval. A fully approved copy will be sent to the licensee.*

The above named license is hereby authorized to sell alcoholic beverages in accordance with law and ordinances at the premises and on the date(s) set forth in this application subject to such rules and regulations as have been established.

Subscribed and sworn before me on: \_\_\_\_\_

Auditor: \_\_\_\_\_