

**PLEASE READ INSTRUCTIONS THOROUGHLY!**

Please complete the attached application for Special Permit to Sell Alcoholic Beverages at Special Event at Designated Premises and return it with the following to the City of Jamestown, 102 3<sup>rd</sup> Avenue SE, Jamestown, ND 58401:

1. Permit Fee: \$60.00

(Check should be made payable to the City of Jamestown.)

CITY OF JAMESTOWN  
102 3RD AVENUE SE  
JAMESTOWN, NORTH DAKOTA 58401

TELEPHONE 701-252-5900  
FAX 701-252-5903

**APPLICATION FOR SPECIAL PERMIT TO SELL ALCOHOLIC BEVERAGES  
AT SPECIAL EVENT AT DESIGNATED PREMISES**

**PERMIT FEE: \$60.00**

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1. NAME OF LICENSEE \_\_\_\_\_  
\_\_\_\_\_

2. MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

3. STATE ALCOHOLIC BEVERAGE LICENSE NUMBER \_\_\_\_\_

4. CITY ALCOHOLIC BEVERAGE LICENSE NUMBER \_\_\_\_\_

5. DATE(S) OF SPECIAL EVENT \_\_\_\_\_

If date of event(s) includes a Sunday, have you obtained the Sunday Permit for this location?  Yes  No

6. HOURS OF POLICE SECURITY AT EVENT \_\_\_\_\_ TO \_\_\_\_\_

(Permit will not be issued until hours for Security have been scheduled with the Police Department)

7. DESCRIBE SPECIAL EVENT FULLY \_\_\_\_\_  
\_\_\_\_\_

8. NAME OF BUILDING WHERE EVENT WILL BE HELD \_\_\_\_\_

9. GIVE ADDRESS OF PREMISES \_\_\_\_\_

10. DO PREMISES MEET LOCAL AND STATE REQUIREMENTS REGARDING SANITATION  
AND SAFETY? ( ) Yes ( ) No

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Corporate Officer or Manager

\_\_\_\_\_  
Title