

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

**Note:**

Complete this copy of this application. Submit this form to local governing body. Local governing body: after granting approval, retain original.

STATE OF NORTH DAKOTA        )  
  ) ss  
COUNTY OF STARK                )

\_\_\_\_\_, after being first sworn to oath, answers the following questions as follows:

- 1. Name of Licensee: \_\_\_\_\_
- 2. Name of Business: \_\_\_\_\_
- 3. Mailing Address: \_\_\_\_\_
- 4. State Alcohol beverage license number: \_\_\_\_\_
- 5. City/County license number: \_\_\_\_\_
- 6. Local license number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- 7. Date of special event: \_\_\_\_\_
- 8. Describe special event fully: \_\_\_\_\_  
\_\_\_\_\_
- 9. Sketch premises to be used on reverse side of this application.

**Local fee: \$25.00**

**State fee:** \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Licensee)

By: \_\_\_\_\_  
(Name and title if corporate officer or manager)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Description of Premises

1. County in which premises are located: **STARK**

2. Are the premises within the limits of an incorporated city?    Yes            No

3. Give address of Premises:

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(Street Address)	(City)	(Zip Code)
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4. Give **legal** description of premises:

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5. Do premises meet local and state requirements regarding sanitation and safety?    Y   N