

Craig Tribal Association
 PO Box 807
 Craig, AK 99921
 Phone: (907)826-2160
 Fax: (907)826-3997
 Email: cta.enterprise@craigtribe.org
 Web: www.craigtribe.org

CRAIG TRIBAL ASSOCIATION ALCOHOLIC BEVERAGE SPECIAL EVENT PERMIT APPLICATION

This *SPECIAL EVENT PERMIT* is required for all businesses, non-profits, organizations, or individuals who intend to **SELL OR DISTRIBUTE** beer/wine during their use of the Craig Tribal Association's premises. Only non-profit organizations with adequate documentation will be approved for **SELLING** alcohol on CTA premises. The fee of \$250 PER DAY shall be paid upon permit approval. CTA Hall Rental forms must be complete and paid for upon submitting this application for review.

EVENT NAME: _____ RESPONSIBLE PERSON: _____

ORGANIZATION/BUSINESS: _____ NON-PROFIT FOR-PROFIT

If you are a non-profit and intend to SELL alcohol beer/wine, complete **NON-PROFIT DECLARATION & APPROVALS-page 4*

START DATE: _____ TIME: _____

END DATE: _____ TIME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

FEE: **DAYS SERVING/SELLING** _____ x \$250.00 = \$ _____

Credit Card Fee 4% (IF APPLICABLE) \$ _____

TOTAL DUE (UPON APPROVAL) \$ _____

PLEASE NOTE: This form must be completed and submitted to CTA Smoke & Gift Shop or emailed to cta.enterprise@craigtribe.org 5 business days before event. Entity/Individual must be in good standing with the Craig Tribal Association in order to qualify.

FOR OFFICE USE ONLY:

TOTAL DUE: \$ _____ PERMIT APPROVED BY: _____

AMOUNT PAID: \$ _____ PAYMENT METHOD: CHECK CASH CC

PAYMENT ACCEPTED BY: _____ DATE: _____



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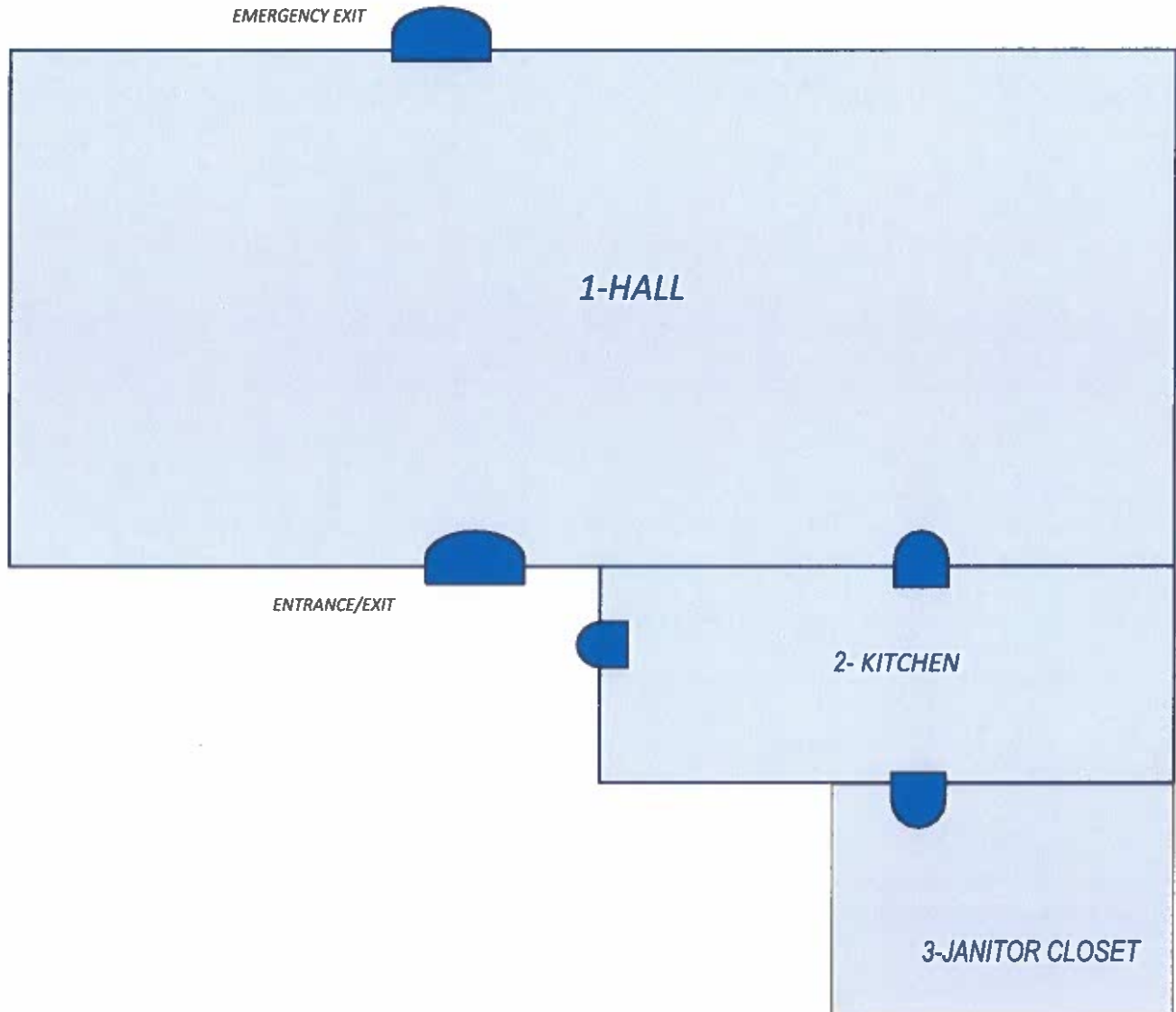
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DETAILED PREMISES DIAGRAM

Clearly indicate and outline in **Red** the perimeter of the areas designated for alcohol storage, service, and consumption.





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SERVER INFORMATION

Enter information for all individuals that will be serving alcohol at the event. For events **SELLING** alcohol, attach copies of valid *Alcohol Server Education Cards*.

Name:			
DOB:		Alaska DL #:	

Alcohol Server Education Card?		
Yes	#	No

Name:			
DOB:		Alaska DL #:	

Alcohol Server Education Card?		
Yes	#	No

Name:			
DOB:		Alaska DL #:	

Alcohol Server Education Card?		
Yes	#	No

Name:			
DOB:		Alaska DL #:	

Alcohol Server Education Card?		
Yes	#	No

Name:			
DOB:		Alaska DL #:	

Alcohol Server Education Card?		
Yes	#	No



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NON-PROFIT DECLARATIONS & APPROVALS

I _____, CERTIFY THAT THIS ORGANIZATION HAS BEEN ACTIVE AND INCORPORATED UNDER AS 10.20 FOR A PERIOD OF AT LEAST TWO YEARS BEFORE THIS APPLICATION, AND THAT ALL PROFITS DERIVED FROM THE SALE OF ALCOHOL ARE PAID TO THE ORGANIZATION AND NOT TO AN INDIVIDUAL.

I HAVE ATTACHED A CERTIFIED COPY OF THE RESOLUTION OF THE BOARD OF DIRECTORS AUTHORIZING THIS APPLICATION.

AS AN APPLICANT FOR A SPECIAL EVENT PERMIT, I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION, INCLUDING ALL ACCOMPANYING SCHEDULES AND STATEMENTS, ARE TRUE, CORRECT, AND COMPLETE.

Signature of President of Organization

Printed Name

Subscribed and Sworn to before this _____ day of _____, 20__

Notary Public in and for the State of Alaska

My Commision Expires: _____

Signature of Secretary of Organization

Printed Name

Subscribed and Sworn to before this _____ day, of _____, 20__

Notary Public in and for the State of Alaska

My Commision Expires: _____