

**Section 1 – Nonprofit and Contact Information**

**What is this form?**

This special-events permit application form is required for a **nonprofit** fraternal, civic, or patriotic organization (active for a period of least two years) before application to sell or dispense beer or wine for a specific occasion. A separate form must be completed for each event. All sections of this form must be completed for each event. This form must be signed by the president and secretary of the organization, before it is submitted to CTA staff for review. The required fee of **$125 per day** may be made by a credit card, or check.

**PLEASE NOTE:**

**This form must be completed and submitted to CTA’s main office in person or to** [**info@craigtribe.org**](mailto:info@craigtribe.org) **at least three days prior to the event. Your corporation must be in good standing with the Craig Tribal Association in order to qualify. Applications that are submitted with inaccurate or incomplete fields will be returned to the applicant.**

**Craig Tribal Association Alcoholic Beverage Control Permit**

**Special Events Permit Application**

Craig Tribal Association

1330 Craig-Klawock Hwy

P.O. Box 828

Craig, Ak 99921

<https://www.craigtribe.org>

**Phone**: (907)826-3996

**Fax**: (907)826-3997

Enter information of the organization seeking the permit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nonprofit Organization:** |  | | | | |
| **Alaska Entity #:** |  | **AK Formed Date:** | | |  |
| **Business Address:** |  | | | | |
| **Contact Person:** |  | | **Phone:** |  | |
| **Contact Email:** |  | | | | |

**Section 2** **– Event Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Name:** |  | | |
| **Event Description:** |  | | |
| **Event Location:** |  | | |
| **Event City:** |  | | |
| **Start Time:** | AM PM | **End Time:** | AM PM |

**\*OFFICE USE ONLY\***

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|  |  |  |  |
| --- | --- | --- | --- |
| **Permit #:** |  | **Issue Date:** |  |
| **Fee Amount:** | $ | | |



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Clearly indicate the boundaries of the premises and the proposed permitted area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

**Section 3 ­­­­­– Detailed Premises Diagram**

**Section 4 ­­­­­– Servers**

Enter information for all servers at the event. Additional copies of this page may be included.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Alcohol Server Education Card?** | | | |
| **Date of Birth:** |  | **AK Driver’s License #:** |  | **Yes** |  | **No** |  |
| **Name:** |  | | | **Alcohol Server Education Card?** | | | |
| **Date of Birth:** |  | **AK Driver’s License #:** |  | **Yes** |  | **No** |  |

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**Craig Tribal Association Alcoholic Beverage**

**Special Events Permit Application**

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I certify that this nonprofit 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 beer or wine are paid to the organization and not to an individual.

**Read each line below, and then sign your initials in the box to the right of each statement:** *Initials*

**Section 5 ­­­­­– Declarations and Approvals**

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, is true, correct, and complete.

Signature of president of organization

Printed name of president of organization

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018.

Notary Public in and for the State of Alaska

Printed name of secretary of organization

Signature of secretary of organization

Notary Public in and for the State of Alaska

Subscribed and sworn to before me this \_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CTA Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved

Disapproved

Date

Signature of Tribal Administrator

**CTA Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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