



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 SALES

SPECIAL EVENT PERMIT APPLICATION

This *SPECIAL EVENT PERMIT* is required for all businesses, non-profits, organizations, or individuals who intend to SELL alcoholic beverages during their use of the Craig Tribal Association's premises.

The fee of \$250 PER DAY for the permit 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 ()

START DATE: _____ TIME: _____

END DATE: _____ TIME: _____

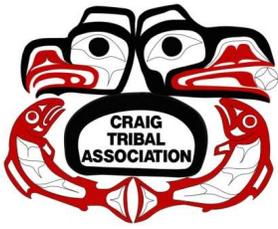
MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

CTA LICENSED BEVERAGE DISTRIBUTOR APPROVED FOR EVENT _____

*You are responsible for contacting a local alcohol distributor that holds a CTA Council issued Alcohol license to sell beverages at your event BEFORE Submitting this application. Please contact the CTA Tribal Administrator or the CTA Enterprise Manager for the contact information.

PLEASE NOTE: This form must be completed and submitted to CTA Smoke & Gift Shop or emailed to cta.enterprise@craigtribe.org 10 business days before event. Entity/Individual must be in good standing with the Craig Tribal Association in order to qualify.



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FEE:

\$250 X _____ Days = \$ _____
 Credit Card Fee 4% if paid by card \$ _____
 TOTAL DUE (UPON APPROVAL) \$ _____

All Craig Tribal Association Alcohol Ordinances and Alaska State Laws must be followed during your event. The CTA Alcohol ordinances can be found @ <https://www.federalregister.gov/documents/2018/09/11/2018-19731/craig-tribal-association-of-craig-alaskas-alcohol-control-ordinance>

Failure to comply with ordinances may result in fines, citations, and/or loss of CTA privileges. By signing I signify I have read, understood, and agreed to the terms and conditions.

Signature of Responsible Person _____ Date _____

FOR OFFICE USE ONLY:	
TOTAL DUE: \$ _____	
PERMIT APPROVED BY: _____	DATE: _____

AMOUNT PAID: \$ _____	
PAYMENT METHOD: CHECK [] CASH [] CC []	
PAYMENT ACCEPTED BY: _____	DATE: _____