



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 CONSUMPTION

SPECIAL EVENT PERMIT APPLICATION

This *SPECIAL EVENT PERMIT* is required for all businesses, non-profits, organizations, or individuals who intend to *CONSUME/SERVE* 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.
- DETAILED PREMISES page needs to be filled out and signed by responsible person.
- Responsible Person must be 21 years of age.

EVENT NAME: _____ **RESPONSIBLE PERSON:** _____

ORGANIZATION/BUSINESS: _____ **NON-PROFIT** **FOR-PROFIT**

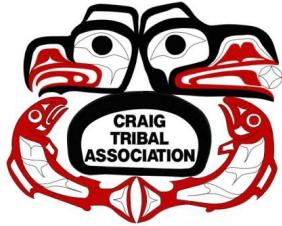
START DATE: _____ **TIME:** _____

END DATE: _____ **TIME:** _____

MAILING ADDRESS: _____

PHONE: _____ **EMAIL:** _____

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 = \$_____

*4% Credit Card Fee 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:** _____

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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. Alcoholic beverages need to be monitored at all times and inaccessible to individuals under the age of 21.

