



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.

- You are responsible for contacting a local alcohol distributor that holds a CTA Council issued Alcohol license to sell beverages at your event. Please contact the CTA Tribal Administrator or the CTA Enterprise Manager for the contact information.
- CTA Hall Rental forms must be complete and paid for upon submitting this application for review.

The fee of \$250 PER DAY for the permit shall be paid upon permit approval.

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

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

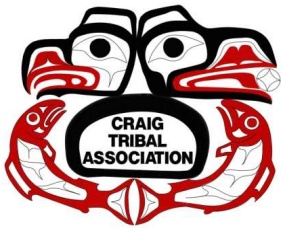
START DATE: _____ **TIME:** _____

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 = \$ _____
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: _____