

CITY OF WILLISTON, NORTH DAKOTA, WILLIAMS COUNTY  
PO Box 1306, Willison, ND 58802  
APPLICATION FOR SPECIAL PERMIT TO SELL ALCOHOLIC BEVERAGES  
FOR A TEMPORARY CHARITABLE OR CIVIC EVENT

Submit this application to the City Auditor's office by 12:00 noon on the Wednesday before the meeting of the Board of City Commissioners (2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of each month). A fully approved copy will be sent to the licensee for display at the special event.

\_\_\_\_\_, (the applicant), after first being sworn to oath, answers the following questions:

1. Name of Licensee \_\_\_\_\_
2. Name of Business \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Phone #: \_\_\_\_\_ Email: \_\_\_\_\_
5. State Alcoholic Beverage License Number \_\_\_\_\_
6. City of Williston License Number \_\_\_\_\_
7. Date(s) and Time(s) of Special Event \_\_\_\_\_
8. Describe the Special Event Fully \_\_\_\_\_  
\_\_\_\_\_
9. Have you contacted the Williston Police Department regarding security? \_\_\_\_\_
10. Will this event be held in a public facility/space? \_\_\_\_\_ If so, do you have dram shop insurance? \_\_\_\_\_
11. If this event is in a City-owned facility, have you added the City as an additional insured for this event in the amount of \$500,000 liquor liability per person per occurrence? \_\_\_\_\_

**PROOF OF LIQUOR LIABILITY INSURANCE (attached or on file)** \_\_\_\_\_ Expiration Date

**PERMIT LIMITS:** A single permit shall not exceed five consecutive days. No person/organization shall be issued more than twelve permits within any calendar year. (Permits issued to the same person, at the same place, for the same time and for the same special event shall count as one permit for the purposes of the twelve permit annual limit).

**Permit fees are non-refundable.** Indicate which type of permit/s is requested for this event:

- \_\_\_\_\_ Special event beer retailer - \$50 per event  
\_\_\_\_\_ Special event on-sale wine retailer - \$50 per event  
\_\_\_\_\_ Special event on-sale liquor retailer - \$150 per event

**DESCRIPTION OF PREMISES**

Address of Premises \_\_\_\_\_

Common name of building/area where event will be held \_\_\_\_\_

Number of expected attendees \_\_\_\_\_

Do premises meet local and state requirements regarding sanitation and safety? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Attach a clear and understandable floor plan of the premises and/or Street Close Request.** Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. If any area is enclosed by fences or the like, explain type and height.

What part of the building/area will be used for the alcoholic beverage business (sale of beverages and consumption of beverages sold)? \_\_\_\_\_ All \_\_\_\_\_ Less than all If less than all, fully explain and clearly indicate on the floor plan (outline with a different color).

The undersigned agrees that s/he is the proper officer to sign for the applicant and agrees that the applicant indemnifies the City and holds it harmless from any liability arising as a result of this permit.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Applicant printed name, Title)

\_\_\_\_\_  
(Signature)

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**PERMIT**

The above-named licensee is hereby authorized to sell alcoholic beverages in accordance with the law and ordinances at the premises and on the date(s) and time(s) set forth in this application, subject to such rules and regulations as have been established. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JOHN KAUTZMAN, City Auditor

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(for City use only)

Date Received \_\_\_\_\_

Payment Received: \_\_\_\_\_ PBA # \_\_\_\_\_

Recommendation of Building Official:

\_\_\_\_\_  
Building Official

Recommendation of Chief of Police:

\_\_\_\_\_  
Chief of Police

Recommendation of Public Works Director:  
(for outdoor / street events)

\_\_\_\_\_  
Public Works Director

City Board Agenda/Meeting Date: \_\_\_\_\_      \_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved