



CITY OF BISMARCK
ADMINISTRATION DEPARTMENT

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
P.O. Box 5503 • Bismarck, ND 58506-55033

LAST REVISED: 09/24/2019

**APPLICATION FOR SPECIAL PERMIT
TO SELL ALCOHOLIC BEVERAGES
AT A SPECIAL EVENT
DESIGNATED PREMISES**

Applicant (Please Print):		Title:		Phone Number:	
Name of Licensee:		Name of Business (DBA):			
State of ND Alcohol Beverage License Number(s):		City of Bismarck Alcohol Beverage License Number(s):			
Mailing Address:		City:	State:	Zip:	
Email Address:					
Fully Describe Event:					
Name of Building Where Event Will Be Held:			Address of Premises Where Event is Being Held:		
Date(s) of Special Event:			Start Time:	End Time:	
Does the building meet all state and local sanitation and safety requirements? Yes No					
The permit fee is \$25.00 for each permit. One permit may be used up to 14 days for a reoccurring event at one location within the identified premises. Multiple events with varying locations at the same facility each require an individual permit.					
Description of Premises: Draw a clear and understandable floor plan of the premises. 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.					
North					
<p>NOTICE: If you are planning to construct a tent for the special event - you will need a permit from CITY BUILDING INSPECTIONS - (701)355-1465</p>					
Signature:				Date:	

Payment Options:

Check by Mail
Credit Card Authorization Form by Mail
Credit Card Authorization Form by Email
Credit Card Payment by Phone

Mail Correspondence to: City of Bismarck
Administration Department
221 N 5th St
Bismarck, ND 58501
Email Correspondence to: wolsen@bismarcknd.gov

Note: Payment information is used for a one time payment only. After payment has been completed the information provided will not be kept on file and will be disposed of.

Credit Card Authorization:

Card Holder Name:	Visa:	Master Card:	Discover:
Account Number:	Exp Date:	3 Digit Security Number:	Billing Zip Code:
Amount Authorized:	Email Address (receipt will be sent to email):		
Signature:		Date:	