



City of Valley City, North Dakota Special Alcohol Beverage Event Permit Application

*Application should be submitted at least 14 days prior to event.
This application will be reviewed by the City Commission which
meets on the first and third Tuesdays of each month.*

NAME OF LICENSED ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

CITY, STATE, ZIP CODE: _____

ORGANIZATION REPRESENTED: _____

NAME OF EVENT: _____

DATE OF EVENT: _____ **TIME:** _____

WHERE THE EVENT IS BEING HELD: _____

CONTACT PERSON: _____ **PHONE #** _____

CONTACT EMAIL: _____

Prior to submission:

1. Visit with the Police Department and Fire Department to work out any security details.
2. Provide a sketch of the area to be used.

Police Officer Signature: _____ **cc:** _____

Fire Chief Signature: _____ **cc:** _____

3. Licensed establishment representative must appear before the commission members and state the request. You will be notified of the meeting date and time.

SUBMITTED BY: _____ **DATE:** _____

FEE: \$25, needs to accompany application

RETURN TO: Valley City Auditor
P. O. Box 390
Valley City, ND 58072
Phone: (701) 845 – 8125
Email: brandy.johnson@valleycity.us

Date approved by City Commission: _____