



## Alaska Alcoholic Beverage Control Board Manufacturer Retail Live Music or Entertainment Permit Application

**Eligible License Types:** brewery retail, distillery retail, or winery retail license.

**Permit Fee:** \$100 per event.

**Event Requirements:** A manufacturer retailer live music or entertainment permit authorizes the holder of a brewery retail license, winery retail license, or distillery retail license to allow live music or other entertainment on the licensed premises where consumption occurs. The director may issue a music festival permit only for designated premises for a specific occasion and for a limited period during a single day between the hours of 9:00 a.m. and 9:00 p.m., as set forth in AS 04.09.700 and 3 AAC 305.380.

**Permit Restrictions:** The AMCO Director may not issue more than four permits to a licensee in a calendar year.

### Section 1 – Licensee and Contact Information

Enter information for the business seeking the permit. *This should match the information that AMCO has on file for this license.*

<b>Doing Business As:</b>		<b>License #:</b>	
<b>License Type:</b>		<b>Contact Person:</b>	
<b>Contact Email:</b>		<b>Contact Phone:</b>	

### Section 2 – Event Information

Enter information regarding the specific event for which you are seeking a permit.

<b>Event Name:</b>	
<b>Event Description:</b> <i>Include planned activities, expected attendance, and attendee information. Event advertisement may be submitted to supplement your answer.</i>	
<b>Full Event Address*:</b>	

*\*If the event is outside the community in which your license is located, additional information may be required.*

<b>Event Date(s):</b>		<b>Event Time:</b>	AM/PM	to	AM/PM
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The licensee, or a specified employee or agent of the licensee, must be present on the catered premises during all permit hours. Please provide the following information for the licensee, employee, or agent who will be present:

<b>Person Present:</b>		<b>Title:</b>	
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Are you in the process of applying for an alcoholic beverage license, such as an REPL, for the event location?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please provide the license number and the reason the existing license is not being exercised for this event:



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**Section 3 – Attestations and Approvals**

Read each line below, and then initial in the box to the right of each statement:

Initials

I certify that I am the current licensee, and that a licensee, employee, or agent will be present at the event during all hours of the permit.

I certify that I will comply with the information provided on this application and with all statutes, ordinances, and regulations pertaining to the possession and sale of alcoholic beverages, and I understand that violation of any of these laws is grounds for suspension or revocation of my liquor license and/or denial of any future permit applications.

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any permit issued.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

\_\_\_\_\_  
Signature of licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of licensee

**Law Enforcement Review, must be obtained before the permit application is submitted to AMCO as in AS 4.11.260C(3):**

Approved

Denied

\_\_\_\_\_  
Signature of local law enforcement

\_\_\_\_\_  
Badge number

\_\_\_\_\_  
Printed name of local law enforcement

\_\_\_\_\_  
Date



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**AMCO Review:**

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_____	_____	Approved	Denied
Signature of AMCO reviewer	Date	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		
Printed name of AMCO reviewer	Title of AMCO reviewer		

**AMCO Comments:**