



## Alaska Alcoholic Beverage Control Board

## Music Festival Permit Application

**Eligible License Types:** Restaurant or Eating Place License (REPL).

**Permit Fee:** \$100 for up to two days, \$50 for each additional day.

**Event Requirements:** A music festival permit authorizes the holder of a restaurant or eating place license to sell or dispense brewed beverages and wine for consumption at a festival with multiple live music performances held off the holder's licensed premises. The board may issue a music festival permit to the holder of a restaurant or eating place license only if the licensed premises of the restaurant or eating place is located in the unorganized borough. 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 9:00am and 9:00pm, as in AS 04.09.650 and 3 AAC 305.365. The board may issue a music festival permit only for: (1) a designated premises and for a limited period, not to exceed four calendar days; (2) a music festival that has existed at the same location for a period of at least 10 years before the application for the permit is filed.

**Permit Restrictions:** The director may not issue more than one music festival permit to the holder of a restaurant or eating place license in the 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>Entity Number:</b>		<b>Entity Type:</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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- |                                                                                                                                                                                                                                              |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                              | <b>Yes</b>               | <b>No</b>                |
| 1. Is this event going to take place on school grounds? (This includes the grounds of a university.)<br><b>If "Yes", you must attach authorization from the school for the service of alcohol during the event at the proposed location.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you in the process of applying for a liquor license for the event location?                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is this event going to take place on the <u>licensed premises</u> of an existing liquor license?                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |



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

**Section 3 – Detailed Premises Diagram**

- Attach a diagram, no larger than 8 1/2" x 11" of the layout (such as a detailed drawings of the entire event space) showing all:
- You must use a solid, contiguous **red** line to outline the outer perimeter of your premises with no breaks or separations.
- The red outline is required to follow a physical barrier (wall, fence and even across doorways)
- Each area should be clearly labeled in any color other than red where alcohol is: Specify alcohol storage, label the bar or where alcohol will be served/sold; manufactured, consumed.
- Your drawing **MUST** include. Dimensions in feet not square feet of all exterior walls and major interior walls (we do not accept diagrams drawn to scale. Include cross-streets, a north arrow, and any significant geographical features. Points of reference, such as a compass showing North. All entrances, exits, walls, bars and fixtures.
- If your premises include multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- **Any permit applications that include outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

**Section 4 – Servers**

Enter ALL information for ALL servers at the event. Additional copies of this page may be included. *Individuals who do not provide complete information may not be accepted as servers; the application may be returned for correction.*

Name	Date of Birth	Driver's License #	Alcohol Server Card Expiration Date



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**Section 5 – 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 04.11.260C(3):**\_\_\_\_\_  
Signature of local law enforcement\_\_\_\_\_  
Badge number

Approved

☐

Denied

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



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**AMCO Review:**

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

**AMCO Comments:**