## **CITY OF CARRINGTON**

## PERMIT TO TEMPORARILY EXTEND PARAMETERS OF ALCOHOL LICENSE

Name, address, Phone Number, and license number of the holder of the license:						
Date of extension:						
Alternate date in the event of inclement weather:						
Hours of the extension:						
Attach a diagram of the event which sets out the following:  Map clearly delineating the expanded are desired by the applicant. The expanded area must be adjacent to the existing licensed area. Under certain circumstances, the expanded area does not have to be contiguous in order to comply with the requirements of a street closing permit.						
Will there be minors present:  Will the event include a public/street dance?						
If so, attach the application for a public/street dance.						
Does the event require closure of a street?						
If so, must submit an application for street closure.						
If the Chief of Police recommends that Police Officers shall be present at the special event, the license holder will be responsible for the cost of hiring those Police Officers to be present						
I understand this permit must be displayed under the same requirements as my license.						
Upon approval of the bar extension permit, the applicant may only conduct business in a manner consistent with its existing license. If an applicant desires to operate its business and temporary extensions in a manner inconsistent with its license, it must apply for a different license and meet all other requirements of the City Code and the North Dakota Century Code						
FEE: \$25.00 per day (must accompany application), submitted to the City Auditor at least 30 days prior to the event. FEE: \$50.00 additional if extension request submitted within 30 days of the event.						
Date: Name and title:						

Created 10/14/2021					
Police Chief:					
Does this event red	quire Police Offi	cers? YES	NO		
If yes, it is the resp	onsibility of the	Police Chief t	o notify the appl	icant of such requirer	nents.
APPROVED:	YES	NO			
		Date:			
Police Chief					
******	******	******	*******	********	****
Approved:	Denied	l:			
Date paid:	Rec #	(	Check #		
City Auditor					
DIAGRAM:					

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