



ALCOHOL SPECIAL EVENT APPLICATION

(application must be submitted **NO LATER THAN 7** days prior to event)

1. West Fargo Liquor License Business Name _____

2. Name: _____ Email: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Contact Person: _____ Email: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Contact Phone: _____

3. Event Name: _____ Date of Event: _____

Contact Person: _____ Email: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Contact Phone: _____

4. Start/End hours of alcohol service: _____ AM/PM to _____ AM/PM

5. Address of **Special Event** Licensed Area: _____

6. Is the event outdoors? Yes/No

7. If no, in what area(s) of the building is the event located? _____

**Submit a legible drawing showing the licensed area and how the boundaries of the licensed area will be identified.

8. Are there adequate restroom facilities? Yes/No See city requirements (attached)

9. List the primary activities within the licensed area: _____

(if there is going to be a public dance then there will need to be security)

10. Will minors be allowed at the event? Yes/No

If yes, will minors and alcohol be allowed in the same area? Yes/No

11. What is the expected attendance per event in the licensed area (where alcohol will be sold or consumed)? _____

12. Describe your plan to prevent problems and violations. _____

13. Describe your plan to prevent minors from gaining access to alcoholic beverages and from gaining access to any portion of the licensed premises prohibited to minors.
_____.
14. Describe your plan to manage alcohol consumption by adults.
_____.
15. Does your event involve any games of chance? Yes/No. If yes, Did you obtain a permit from the City of West Fargo? Yes/No.
16. Is food going to be served? Yes/No If so, what will be served _____.
Please contact Public Health Department to review requirements for approval to serve food at (701)241-1364.
17. List name(s) of **alcohol manager(s)** on duty and in the licensed area:
_____.
18. Have all servers attended a **Server Training Program recognized by WFPD** Yes/No.
19. Event location has proper liability insurance? Yes/No

I affirm that I am authorized to sign this application on behalf of the applicant.

Applicant Name (please print): _____

Applicant Signature: _____ **Date:** _____

RETURN FORM AND \$25.00 FEE TO:

City of West Fargo
Attn: Finance Assistant
800 4th Ave E
West Fargo, ND 58078

<i>Internal Use Only</i>		
Building Inspector Approved - Yes/No	City Administrator Approved - Yes/No	
Fire Approved - Yes/No	Finance Verified Liquor/Insurance License - Yes/No	
Health Department Approved - Yes/No	Planning/Zoning Approved - Yes/No	
Police Approved - Yes/No	Public Works Approved - Yes/No	
Check # _____	Date Paid _____	Amount _____

RESTROOM CHART

(Under normal conditions most people will use sanitation facilities once every four hours.)

Take into consideration that the consumption of food, liquids, beer, and other alcoholic beverages will increase usage by 30-40%. Use these tables as a guide.

HOURS

Avg Crowd Size	1	2	3	4	5	6	7	8	9	10
30	1	1	1	1	2	2	2	2	3	3
60	1	1	2	2	3	3	3	4	4	4
125	2	2	2	3	4	4	4	5	5	5
250	3	3	3	4	4	5	6	6	7	8
500	4	5	6	6	7	7	9	9	10	12
1000	6	8	8	8	9	9	11	12	13	13
2000	6	6	9	12	14	16	18	20	23	25
3000	7	9	12	16	20	24	26	30	34	38
4000	9	13	16	22	25	30	35	40	45	50
5000	12	15	20	25	31	38	44	50	56	63
10000	15	25	38	50	63	75	88	100	113	125
15000	20	38	56	75	94	113	131	150	169	188
20000	25	50	75	100	125	150	175	200	225	250
25000	38	69	99	130	160	191	221	252	282	313
30000	46	82	119	156	192	229	266	302	339	376