

**APPLICATION FOR SOCIAL, CULTURAL
OR RECREATIONAL EVENT**

Name of Applicant (Organization) _____

Contact Name _____ Title _____

Address of Applicant or Contact:

Mailing _____

Street _____

City, State, Zip Code _____

Phone _____ Fax _____

E-mail _____

Title of the Event _____

Date(s) & Time(s) of the Event _____

Location of the Event _____

Other City or County from which a license has been obtained _____
(If applicable)

Describe the nature of the event, clean-up plans, participants, if alcohol will or will not be sold or served, etc. Include individuals/entities that have been contacted regarding the event (such as law enforcement, fire department, etc). Use extra pages if necessary:

The information in this application is accurate to the best of my knowledge. The applicant agrees to comply with all City of Colstrip, Rosebud County and State of Montana laws, including those laws concerning the selling or distribution of alcohol, as set forth in MCA 16-6-301 through 16-6-305. By making this application applicant/contact authorizes a background check and reference check to be conducted by the City of Colstrip. I understand any misrepresentation made related to this application is cause for immediate denial or cancellation of the permit.

Signature of Applicant or Contact _____

Title _____

Date _____

-----For Office Use Only-----

Date of Council Appearance _____ Date of Council Action _____

_____ Approved _____ Conditionally Approved _____ Denied

Conditions of Approval:
