

**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 _____ E-mail _____

Title of the Event _____

Date(s) of the Event _____

Time of the Event: Beginning at _____ & Ending at _____

Location of the Event _____

Does the applicant have liability insurance that covers the event? _____

Will alcoholic beverages be served or sold? _____

Describe the nature of the event, clean-up plans, participants, etc. Include individuals/entities that have been contacted regarding the event (such as law enforcement, fire department, public works, 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, the 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 Action _____

_____ Approved

_____ Conditionally Approved

_____ Denied

Conditions of Approval:
