



**Special Event—Alcohol Vendor Permit**  
**City of Mandan**  
**Finance Department**  
 205 2nd Ave NW, Mandan ND  
 finance@cityofmandan.com

**PERMIT APPLICATION FOR IN-STATE  
 LICENSED PRODUCERS TO BE ABLE TO  
 SAMPLE AND SELL (OFF-SALE) OF THEIR  
 PRODUCTS AT CITY APPROVED SPECIAL  
 EVENTS**

Business Name:		Contact Person:	
Phone Number:		E-mail:	
Business Physical Address:	City:	State:	Zip Code:
Business Mailing Address:	City:	State:	Zip Code:
Is the business registered with the Secretary of State:		State Alcohol License Number:	
Name of Special Event:		Dates of Special Event:	
Has the business applied with the Organizer of the Special Event?		Event Organizer's Name:	
Event Organizer's E-mail:		Event Organizer's Phone Number:	
Products being sampled and sold:			

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

Office Use Only

Date Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Verification with the State: \_\_\_\_\_

Verification with Special Event Organizer: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Permit #: \_\_\_\_\_