DEVELOPMENT SERVICES

435 RYMAN | MISSOULA, MT 59802-4297 | 406.552.6630 | FAX 406.552.6053

Alcohol Permit Request

- Required with a street event permit if alcohol is being served on streets or sidewalks.
- Required with a block party permit if alcohol is being served at the residential block party.
- Required if alcohol is being served in a private parking lot which is open to public parking. (City laws regulating public drinking include private parking lots MMC 9.26.010.)
- Check with Environmental Health at the Missoula City/County Health Department for other required permits. (envhealth@missoulacounty.us, 406-258-4755)

Instructions: At least 10 business days before your event

- 1. Review the required regulations in Section 3 on page 2 of this form.
- 2. Fill out all the information in Section 1 below.
- 3. Select *one* of the following:
 - If this is for an event in a private parking lot, fill out Section 2 and take the form to offices identified in Section 4 for signature
 If this is for an event that will close streets or sidewalks, attach to the event permit and follow the
 - instructions on the Street Use Permit Request form.

 ☐ If this is for a neighborhood block party, attach to the block party permit and follow the instructions on
- the residential block party permit.

 4. Take the form to Development Services along with your refundable damage deposit check (residential \$50, commercial \$1,500) for a signature.

Name of Organization or Event: Contact Person: (Contact person must be available during e		:
Location of Event:		
Date of Event:	Begins:	Ends:
I have read and understand the require	ements in Section 3 of this form.	Initial, please
Organizer's Name Printed	Organizer Sign	nature
Address	Phone	

SECTION 2: PRIVATE PARKING LOT PARTIES ON	LY: **ONE DATE PER APPLICATION				
Number of Units/Participants: Pedestrians:	Servers:				
Traffic control plan submitted to City of Missoula Engineering staff? Yes No					
Number of barricades rented? (Attach estimate) Type three barricades are required for closure of the parking lot. No vehicles will be allowed to enter or exit the parking lot during the time of the closure.					
Owner or Lessee of Event Parking Lot Permission					
Owner/Lessee Name Printed	Owner/Lessee Signature				
SECTION 3: REGULATIONS MMC: Missoula Municipal Code (www.ci.missoula.mt.us/268/City-Laws-Regulations) MCA: Montana Code Annotated (leg.mt.gov/bills/mca_toc/index.htm)					
 Alcohol consumption is only permitted in areas designated by the Traffic Office Supervisor. Fencing must be erected in areas designated by the Traffic Office Supervisor for crowd control and alcohol consumption. No open containers are permitted to enter or leave the area designated for alcohol consumption. Alcohol will not be served in glass containers at public events. Event sponsors must ensure that participants are checked for legal age if served alcohol. Personnel designated as security officers are to be provided by event sponsors. The number of security personnel is to be determined by the Traffic Office Supervisor. The city noise ordinance must be observed. (MMC 9.30) Alcohol Catering Permit must be obtained in compliance with the City's Request for Use of Street, Sidewalk &					
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city unless a permit is first obtained from the mayor of	not be served on public land owned or controlled by the				
person or entity requesting the permit, the location of the head responsible for the public land involved to utilize	the permit required herein shall contain the name of the he proposed event, the permission of the city department the land for the requested function, and the day(s), time(s) on-going renewal of permit shall be required every two 748 §3, 1990; Ord. 2213 §3, 1981).				

SECTION 4: REVIEW and AP	PROVAL		
Engineering / Traffic Services	s (in person) Approval:		
Remarks:		Date:	
Fire Department (in person)	Approval:		
Remarks:		Date:	
Police Department (in person	n) :		
Remarks:		Date:	
Development Services (in pe	rson) Approval:		
Remarks:		Date:	
Deposit for Alcohol:	□ Commercial \$1,500	□ Private/Residential \$50	
Date of Deposit:	Amount of Deposit:	(Check #:)	
Review and Return of Deposit:	(Date)	(Init)	