

CITY OF KOTZEBUE

Resident Package Store/Delivery Site Alcohol Permit Application

___ \$50.00 Application Fee ___ \$25.00 Annual Renewal Fee ___ \$25.00 Lost Permit Replacement Fee
ALL FEES ARE NON-FUNDABLE

Name: _____
Last First M.I.
Physical Address: _____
Mailing Address: _____
Date of Birth _____ - _____ - _____ SSN: _____ - _____ - _____
MM DD YYYY
Work Telephone: _____ Home Telephone: _____
Cell Telephone: _____ Other Number: _____
Identification Number: _____
Alaska Driver's License or Identification Card or Other State DL or Identification Card

***** READ CAREFULLY BEFORE YOU SIGN *****

I swear under penalty of perjury* that ALL of the information pertaining to this Application is true and correct to the best of my knowledge. I further swear under penalty of perjury* that I meet all of the following qualifications listed below:

1. I am at least 21-years of age.
2. I am a resident of the City of Kotzebue.
3. I am NOT currently under a court order, conditions of release, or probation/parole conditions that prohibit me from consuming or possessing alcoholic beverages, controlled substances or inhalants.
4. I have NOT within the previous two years been convicted of, plead guilty, or no contest, to a violation of:
 - a. Any provision of the Kotzebue Municipal Code, Alaska Statute or federal law involving the illegal use, sale, manufacture, transportation, or possession of Alcoholic Beverages, including Underage Possession of Alcohol.
 - b. A DUI/DWI, or Refusal to Submit to Chemical Testing, including those alcohol crimes that only involve a commercial vehicle.
5. I have NOT been issued a Resident Permit that has been previously suspended or revoked. (However, if any previously-issued Resident Permit was suspended or revoked, I state that the period of suspension or revocation has expired, I have paid all fines due and I have met all conditions imposed at the time of the suspension or revocation.)

X _____
Signature of Applicant

Date

*** Applicants who falsify any information, verbally or in writing, with the intent to mislead a public servant in the performance of a duty commit the crime of Unsworn Falsification in the Second Degree, [A.S. 11.56.210]**

I understand that the City of Kotzebue will complete a criminal background check on me and if I am found to have falsified *any* information on this form I can be charged with *Unsworn Falsification in the Second Degree, under AS 11.56.210(a)(2)*.

I acknowledge and agree that I am bound by all of the provisions, terms and conditions of KMC Chapters 4.02 and 4.03 and the Regulations adopted thereunder. Further, I specifically acknowledge that I will not allow another person to use or possess my Resident Permit in accordance with KMC 4.02.140 and 4.03.110.

I understand that the **ALL** Resident Permit fees paid with this Application are **non-refundable**.

I understand that violations of any local, state or federal alcohol laws and regulations will be immediately reported to the Kotzebue Police Department and/or the Alaska State Troopers as required by Alaska Statutes.

X _____
Signature of Applicant Date

*** Applicants who falsify any information, verbally or in writing, with the intent to mislead a public servant in the performance of a duty commit the crime of Unsworn Falsification in the Second Degree, [A.S. 11.56.210]**

FOR OFFICIAL USE ONLY

CLERK: _____

I have checked the Applicant's identification and entered the Identification Number on Page 1.

I have asked the Applicant if he/she has fully read the form and understands all of the provisions, including the disqualifications to receiving the permit.

Applicant Response: YES _____ NO _____

I have asked the Applicant if he/she has any questions about the paperwork:

Applicant Response: YES _____ NO _____

I have verbally asked the Applicant if he/she has been convicted of any alcohol violations and whether he or she is currently, or within the previous two-years, has been on probation or parole for any crime.

Applicant Response: YES _____ NO _____

X _____
Signature of Clerk Date

Criminal Background Check Completed: ____ / ____ / ____ Initials: _____

CITY OF KOTZEBUE RESIDENT PERMIT NO.: _____

CITY OF KOTZEBUE RECEIPT NO.: _____