



CITY OF UTQIAGVIK

North Slope Borough Police Department

Use only _____

"Farthest North Incorporated City"

Name: _____
Last. First. M.I.

Physical Address: _____

Mailing Address: _____

Date of Birth: ____ - ____ - ____ **SSN:** ____ - ____ - ____
MM DD YY ***OPTIONAL***

Identification Number (ADL, AKID): _____ **Staff Initials**

Work Phone: _____ **Home Phone:** _____

By submitting this application, I certify that all information pertaining to this application is true and correct, to the best of my knowledge. I agree and am bound by the terms and conditions of the City of Utqiabvik, Ordinance;

8.15.120 (C) To qualify for a permit, a person must:

1. Be at least twenty-one (21) years of age;
2. Not have and amounts owing to the City of Utqiabvik for delivery site handling, storage, other delivery site charges, or sales or use tax on alcoholic beverages;
3. Not have a delinquent account with the City of Utqiabvik;
4. Not be the subject of a court order as described in Section 8.15.100(B)(7) or a condition of release as described in Section 8.15.100(B)(8), or have a criminal record as described in Section 8.15.100(B)(10); release or criminal record is not in effect is upon the person applying for the permit;
5. Not be a person who has been issued a permit under this chapter whose permit has been suspended or revoked unless the period of the revocation or suspension has expired and any conditions imposed has been met;
6. Be a person whose domicile is either the City of Utqiabvik or a place where the importation or possession of alcohol has not been prohibited under any of the local options set out in AS.4.11.491 or its predecessor or a successor statute.

I certify under penalty of perjury that I meet all the qualifications listed above.

I further certify under penalty of perjury that:

I have not been convicted of or **two years** has elapsed since unconditional discharge due to a conviction or adjudication as a delinquent for the following State of Alaska offenses or a law or ordinance from another jurisdiction with similar elements:

1. **(AS 28.33.030)**
Driving while Under the Influence of an alcoholic beverage, inhalant, or controlled substance
2. **(AS 28.35.030)**
Refusal to submit a chemical test
3. **(AS 11.51.100 or AS 11.51.110)**
Endangering the welfare of a child in the first or second degree
4. **(AS 11.51.120)**
Criminal nonsupport
5. **(AS 11.51.130)**
Contributing to the delinquency of a minor
6. **(AS 18.66.99)**
A crime involving domestic violence as defined under AS 18.66.990
7. **(AS 11.56.740)**
Violating a protective order under AS 11.56.740
8. **(AS 11.61.190-220)**
Misconduct involving weapons under AS 11.61.190-220

I have not been convicted of or **five years** has elapsed since unconditional discharge due to a conviction or adjudication as a delinquent for any or the following State of Alaska offenses or law or ordinance from another jurisdiction with similar elements:

1. A felony violation attempt to commit a violation of AS 11.41; or
2. A misdemeanor violation of or a misdemeanor attempt to violate provision of Title 4 of the Alaska State Statutes.

I have not been convicted of or **ten years** has elapsed since unconditional discharge due to a conviction or adjudication as a delinquent for a felony violation or a felony attempt to violate a provision of Title 4 or a law or ordinance from another jurisdiction with similar elements.

I am not the subject of a court order prohibiting me from consuming or possessing alcohol, controlled substances or inhalants and I realized that this is reasonable cause for immediate suspension of alcohol permit under City Code 8.15.150.

I have not been release on bail, probation or parole subject to the condition(s) that I not consume or possess alcoholic beverages, controlled substances or inhalants and I realize that this is reasonable cause for immediate suspension of alcohol permit under City Code 8.15.150.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge and agree that I am bound by all of the provisions, terms and conditions of Chapter 8.15 (Alcohol Delivery Site) of the City of Utqiabvik Code of Ordinances. Further, I specifically acknowledge and agree that I will not allow anyone other than myself to use or possess my permit in accordance with section 8.15.140 of the City Code, unless I possess a disabled person's permit and meet the requirements of Section 8.15.140(E) of the City Code.

Signature: _____ Date: _____

City of Utqiabvik Permit # _____ City of Utqiabvik Receipt # _____ Date Paid: _____