CITY OF ALBUQUERQUE

Special Dispenser’s, Public Celebration, and Private Celebration Alcohol Permit Application
(Dispenser’s, Craft Distiller, Small Brewer, and Winegrower Liquor License Holders)

***Please read carefully as this application was updated on November 18, 2019***

*This application must be submitted at least fifteen (15) days prior to the event, along with the completed State of NM Alcoholic Beverage Control application, 1) Special Dispenser’s, 2) Public Celebration, or 3) Private Celebration Permit, a floor plan, and server’s list.

**Two-sided copies of this application will not be accepted.

***Any alteration to this application is not allowed and will not be accepted.

****Failure to comply with these requirements may result in the disapproval of this application.

LICENSEE INFORMATION:
Special Dispenser (Full dispenser liquor license): Liquor License No. _______

Private Celebration Liquor License No.________

Public Celebration Liquor License No.’s of all those participating in this event:________________________

License Name(s) __________________________ Business Name____________________________

For multiple PCPs only one participating vendor’s information is needed on this form.

Mailing Address________________________________________________________

License Address________________________________________________________

EVENT INFORMATION:

____ Cultural/Artistic Performance ______ Athletic Competition ______ Community Fiesta
____ Private Event _______ Public Event

Is the function going to be created by Licensee’s Business? _____YES _____ NO

For PUBLIC events, list the number of events you have had at this location in the last 24 months: ______

Description of event: ____________________________________________________________

Sponsor of the event: ___________________________________________________________

Full Street Address Full of the Event: _______________________________________________

Check all that apply: _____ Indoor Event Only _____ Outdoor Event Only ______ Both

If a tent is being used for the event an occupancy permit is required and/or if your event is outdoors an Exhibit application may be required contact the Fire Marshal’s Office located at 600 2nd Street NW, (505) 924-3611.

Is the dispenser license located in the same local option district as the location of the function? _____ YES _____ NO

(Day 1) Date:_________ Time Event Beings: ___________ Time Event Ends: ___________

Alcohol Service Begins: _______ Alcohol Service Ends: _______ Est. number of guest expected to consume alcohol:_________

(Day 2) Date:_________ Time Event Beings: ___________ Time Event Ends: ___________

Alcohol Service Begins: _______ Alcohol Service Ends: _______ Est. number of guest expected to consume alcohol:_________

(Day 3) Date:_________ Event Beings: ___________ Event Ends: ___________

Alcohol Service Begins: _______ Alcohol Service Ends: _______ Est. number of guest expected to consume alcohol:_________
STEP 1.

ZONING ENFORCEMENT OFFICE MUST COMPLETE THE FOLLOWING SECTION.

ZONING ENFORCEMENT OFFICE
600 SECOND STREET NW – 924-3860

Does the zone allow the function? _____YES _____NO

If not, is the function exempt under Section 10-8-4? _____YES _____NO

Special exception: N/A _____ REQUIRED _____ APPROVED _____ DENIED _____

Will the function be in a tent? _____YES _____NO

APPROVED _____ DISAPPROVED _____

Condition(s) of approval: ___________________________________________________________

Reason(s) for disapproval: _______________________________________________________

Signature/Position/Date: __________________________________________________________
(Zoning retain a copy)

STEP 2

ENVIRONMENTAL HEALTH DEPARTMENT MUST COMPLETE THE FOLLOWING SECTION.

ENVIRONMENTAL HEALTH DEPARTMENT
1 CIVIC PLAZA NW, 3RD FLOOR, ROOM 3023 – 768-2738

Noise Permit: N/A _____ Required_____ ISSUED _____

Food Permit: N/A _____ Required_____ ISSUED _____

Dust Control Measures: N/A _____ Required _____ ISSUED _____

APPROVED _____ DISAPPROVED _____

Condition(s) of approval: _______________________________________________________

Reason(s) for disapproval: ______________________________________________________

Signature/Position/Date: _______________________________________________________
(EHD retain a copy)
STEP 3. Will be obtained by the Hearing Officer’s office.

FIRE MARSHAL’S OFFICE MUST COMPLETE THE FOLLOWING SECTION.

Fire Department Access (Street Parking) _____________________________________________________

Fire Hydrant Access _________________________________________________________________

Permits Required (bonfire, tent, etc.): _______________ ISSUED: _______________

_________________________________ ISSUED: _______________

APPROVED _____ DISAPPROVED _____

Condition(s) of approval: __________________________________________________________________

Reason(s) for disapproval: __________________________________________________________________

Signature/Position/Date: __________________________________________________________________

(FMO retain a copy)

STEP 4 Will be obtained by the Hearing Officer’s office.

POLICE DEPARTMENT MUST COMPLETE THE FOLLOWING SECTION.

If, in the opinion of the Chief of Police or his designee, the function becomes a public nuisance, or if statutes, ordinances or conditions are violated at any time before or during the event, the approval may be revoked.

POLICE DEPARTMENT AREA SUBSTATIONS;

SE AREA - 800 Louisiana Blvd. SE – 256-2050
NE AREA – 8201 Osuna Rd. NE – 823-4455
WESTSIDE AREA – 644 Los Volcanes Rd. NW – 831-4705
NORTH VALLEY AREA – 5408 2nd St. NW – 761-8800
FOOTHILLS AREA-128000 Lomas Blvd. NE 332-5240
NW AREA-4051 Ellison Rd. NW, 768-4850

Is Independent Security Sufficient? N/A _____ Yes _____ No _____

APPROVED _____ DISAPPROVED _____

Condition(s) of approval: __________________________________________________________________

Reason(s) for disapproval: __________________________________________________________________

Signature/Area Commander/Date: __________________________________________________________________
STEP 5

LICENSEE, SIGN APPLICATION

Signature of Licensee/Lessee/Authorized Agent

Title

Date

Telephone

STEP 6

There is a $25.00 per day for Public events ONLY when using a Full Dispenser Liquor License. This fee does NOT apply to Brewers, Wineries, Craft Distillers, or Cider

This fee is paid in the City Council Office, 9th Floor. CHECKS ONLY

Payment received by: ____________ Date: ____________ Amount: ________ Check No. ____________

STEP 7

For assistance please contact Donna Montoya at (505)768-3147, donna@cabq.gov.

Please deliver the completed City of Albuquerque application, the State of New Mexico Alcoholic Beverage Control application, floor plan, and server’s list, to the City Council Office located at One Civic Plaza NW, 9th Floor, Room 9087.

NO scanned, faxed, or emailed applications will be accepted. All approval signatures must be original.

LIQUOR HEARING OFFICER REVIEW:

APPROVED ______  DISAPPROVED _____  CONDITIONS OF APPROVAL_____

Approval is expressly conditioned on the applicant meeting all conditions set by the Fire Marshal and/or Police Area Commander.

Additional Conditions: ________________________________________________________________

_____________________________________________________________

Signature of the Liquor Hearing Officer: Date:

Reason(s) for Disapproval: ________________________________________________________________

_____________________________________________________________

Revised March 4, 2020