



**MUNICIPALITY OF ANCHORAGE**  
 OFFICE OF THE MUNICIPAL CLERK  
 P.O. Box 196650 (632 W. 6th Ave., Ste. 250)  
 Anchorage, Alaska 99519-6650

**For Office Use Only**

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**BAR SAFETY HOUR PERMIT APPLICATION**

(LICENSES ARE NOT TRANSFERABLE)

**PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)**

Application Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby make application for a New or Renewed **BAR SAFETY HOUR PERMIT** in accordance with Title 10 of the Anchorage Municipal Code for the 20\_\_\_\_\_ license year.

\_\_\_\_\_ (Initial) **I have read and understand AMC 10.50 and will comply with all applicable requirements of Title 10.**

Applicant's Name: \_\_\_\_\_ (Phone) \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Street Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ (Phone) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Email Address (required\*): \_\_\_\_\_

*\*All correspondence regarding this application and subsequent license will be sent via provided email address.*

State of Alaska Alcohol License #: \_\_\_\_\_

**PLEASE INITIAL NEXT TO THE FOLLOWING:**

\_\_\_\_\_ As the owner granted a license under AS 4.11.080 for the sale, service and consumption of alcoholic beverages, I understand that Municipal Code prohibits the sale, service and consumption of alcoholic beverages between the hours of 2:30 a.m. and 10:00 a.m. Monday through Friday, and between the hours of 3:00 a.m. and 10:00 a.m. on Saturday, Sunday or on a legal holiday recognized by the State under AS 44.12.010. (AMC 10.50.010A.)

\_\_\_\_\_ I understand that if the Municipal special land use/conditional land use permit for my licensed premises requires it to close prior to the hour when sale, service and consumption shall end under AMC 10.50.010A., that I am not eligible to apply for the Bar Safety Hour Permit. (AMC 10.50.010.)

\_\_\_\_\_ If a Bar Safety Hour Permit is granted, I understand the licensed premises may remain open for the safe and orderly dispersal of persons from the licensed premises or for persons to consume food or non-alcoholic beverages between the hours of 3:00 a.m. and 4:00 a.m. on Saturday, Sunday or legal holiday recognized by the State under AS 44.12.010, with the certain restrictions. (AMC 10.50.035D.)

\_\_\_\_\_ I understand, if granted, the Bar Safety Hour Permit is non-transferable. (AMC 10.50.035D.1.d.)

\_\_\_\_\_ If granted a Bar Safety Hour Permit, I agree to the following restrictions during Bar Safety Hour:

- Premises interior lighting shall be maintained at full brightness during the bar safety hour.
- Entertainment and music of any kind are prohibited during the bar safety hour.
- Any other requirements and restrictions specified for licensees in State (AMC 10.50.035D.2.)

\_\_\_\_\_ I understand that if the restrictions are not followed, the Bar Safety Hour Permit will be revoked. (AMC 10.50.035D.3.)

\_\_\_\_\_ I agree to provide training and information regarding the requirements and restrictions on the Bar Safety Hour program to employees and contractors who will be working at the licensed premises during the Bar Safety Hour and I understand that I am responsible for ensuring that those employees or contractors follow the requirements and restrictions. (AMC 10.50.035D.2.)

\_\_\_\_\_ I acknowledge that the bar Safety Hour is a voluntary program and that I am not required to participate. (AMC 10.50.035D.)

\_\_\_\_\_ As owner and operator of the licensed premises, I agree to indemnify and hold harmless the Municipality from any liability or claim arising from or related to the application or compliance; and I acknowledge and agree that no recourse shall be undertaken against the Municipality arising or related to the Bar Safety Hour Permit.

\_\_\_\_\_ I understand that AMC 10.50.010 provides regulations for bar closing hours and that it is my responsibility to read, understand and comply with these regulations.

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. **WARNING:** I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

| I.D. Furnished and Number | Fee Paid: \$ | Cash | Credit Card | Check No. | Receipt No. |
|---------------------------|--------------|------|-------------|-----------|-------------|
|                           |              |      |             |           |             |