



**ALCOHOL CATERING PERMIT**

**LICENSEE**

**ADDRESS OF WHERE EVENT IS:**

**MAILING ADDRESS**

**CITY COUNTY**

**STATE OF IDAHO ALCOHOL BY THE DRINK LICENSE # 20**

**DATE(S) PERMIT IS TO BE USED**

**HOURS TO PHONE #**

**TYPE OF BEVERAGE :**

**BEER WINE LIQUOR**

**TYPE OF EVENT:**

**PREMISES EVENT IS TO BE HELD AT:**

**SPONSORED BY: (Organization, group or person(s))**

**The sponsored event will be open to the named organization(s), group(s) or person(s) and guests for a period of \_\_\_\_\_ days, not to exceed five (5) consecutive days for a festival and not to exceed (3) days for a party at a fee of twenty dollars (\$20.00) per day.**

\_\_\_\_\_  
Signature of Alcohol Licensee

\*\*\*\*\*

**Approval: \_\_\_\_\_ Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_**

**Comments:**

\_\_\_\_\_

\_\_\_\_\_  
**CITY CLERK**

\_\_\_\_\_  
**POLICE**

\_\_\_\_\_  
**FIRE**