

No.
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## **ALCOHOL BEVERAGE CATERING PERMIT**

Alcohol Licensee Holder:	Fee: \$
Business Name as Listed on Idaho State Alcohol Lic	ense
Address:	City:
State Licensed Premises – Address	<u> </u>
Idaho State Alcohol License No.	Year:
Date Permit to be used:	Hours:
Date (s)	Hours:
Locations	
Location:  Location Name & Address (including suite/room#)	
Cataring for	
Catering for:  Name of Festival, Party or Convention	
Sponsored By:  Name of Organization(s), Group(s), or Person(s)	
Alcohol Inside (dispensed and consumed inside a building)	City Property (Beer Garden application must be attached)
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Alcohol Outside (dispensed or consumed outside in the open)	
Attach a detailed site plan of the area to be used in relation to adjacent prope	rties, show location of dispensing area and
containment plan.	
This sponsored event will be open to the named organization(s), group(s), or person exceed five (5) consecutive days for a festival or convention, and not to exceed two	
dollars (\$20.00) per day.	o (2) consecutive days for a party, at the fee of twenty
Licensee agrees and understands that unless the licensee is disqualified, approval	of this permit certifies that the licensee is entitled to hold
and use this Alcohol Beverage Catering Permit at the above designated premises,	
Cianatura at Liannaa	Data
Signature of Licensee:	Date:
Printed Name:	Contact Phone No:
Franki Dannit ta	
Email Permit to:	
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Chief of Police Recommendation: Approve Deny Condition(s) to ensure	ure public safety:
Constant	Data
Signature:	Date:
Chief of Fire Recommendation: Approve Deny Condition(s) to ens	ure public safety:
— · · · — · · · · · · · · · · · · · · ·	, , ,
Signature:	Date:
Signature:	Date:
Mayor or City Clerk	
Application in Approved Desired Desired	ADC/Chaff
Application is: Approved Denied Emailed	to ABC/Staff Emailed to Applicant
This permit must be posted in a conspicuous pla	ce in the serving area