



8930 N Government Way Hayden, Idaho 83835

Alcohol Beverage Catering Permit Application

A. Event Information

Name of Event:

Location:

Catering for (Organization):

Date(s) of Event:

Date:	Starting Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Date:	Starting Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Date:	Starting Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Type of beverage to be dispensed: Beer Wine Liquor

B. Contact Information

Name of Contact Person:

Address: _____ City: _____ Zip: _____

Phone: _____

C. Licensee Information

Licensee (name on Alcohol Beverage License) :

Address: _____ City: _____ Zip: _____

Phone: _____ State Alcohol Beverage License Number: _____

Attach a copy of State Alcohol Beverage License

I have read all of the above and declare under penalty of perjury that all statements made are true, correct and complete.

Licensee Signature: _____ Date: _____

Please print name: _____

Subscribed and sworn to before me this ____ day of _____, _____

Notary Public, Clerk or Deputy Clerk

Reside: _____

My Commission Expires: _____

Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this Alcohol Beverage Catering Permit at the above-designated premises, subject to provisions of Title 23 of Idaho State Code.

Approved Denied **Fee \$20 per day Receipt # _____ \$ _____**

City Clerk Date

Original: City Clerk

Copies: Applicant and Sheriff's Office