

CATERING PERMIT APPLICATION

Permit fee: \$20/day

Applicant Name: _____ *Copy of ID required

Contact Number: _____ Email: _____

Type of Event: _____

Date(s) of Event: _____ Hours: _____

Address of Event: _____

Event Organizer: _____

Phone number: _____ Email: _____

Person responsible for serving alcohol: _____

Phone number: _____ Email: _____

Maximum number of guests in attendance: _____

Is event all ages? _____ Over 21 only? _____

Will security be on site for public safety? _____

Are adequate amenities being provided, ie: restrooms, water, parking, etc.? _____

*** Copy of Liquor licenses must be attached.**

City

County

State

**** Detailed diagram of event location must be attached.**

Diagram

This sponsored function will be open to the name(s) above for a period of _____ day(s); not to exceed five (5) consecutive days; at an additional fee of \$20.00 per function day(s).

Signature of Applicant: _____ Date: _____

Police Chief Approval: _____ Date: _____

Fire Chief Approval: _____ Date: _____

City Clerk Approval: _____ Date: _____