

CATERING PERMIT APPLICATION

Permit Fee: \$20/day

Applicant(s) Name(s): _____
(copy of Photo ID Required)

Organization Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

State Liquor License No: _____ (attach copy)

Function Date(s): _____ Function Hours: _____

Function Location: _____

Catering For: _____

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

Signature of Applicant

Application Date

Approval of this permit does certify that the applicant, known as the licensee, is entitled to hold, to use and to display the Idaho Catering Permit at the above function address; subject to Provisions of Title 23, Idaho Code

APPROVED: _____ DISAPPROVED: _____ DATE: _____

CHIEF OF POLICE: _____ DATE: _____

FIRE DEPARTMENT CHIEF: _____ DATE: _____

CITY CLERK: _____ DATE: _____