

IDAHO COUNTY LIQUOR CATERING PERMIT APPLICATION

TO BE COMPLETED AND SUBMITTED BY THE LICENSE HOLDER ONLY

License Holder: _____ Fee: _____

Address: _____ City: _____

Idaho State License #: _____ Date Issued: _____

Date(s) Permit to be Used: _____ Hours: _____

Premises to be Used: _____ Catering for: _____

Name of Event: _____

Name and phone number of the on-site coordinator:

Anticipated number of attendees: _____

The sponsored event will be open to the named organization, group, persons, or guests for a period of _____ days, not to exceed five (5) consecutive days at a fee of \$20 per day.

Signature of Licensee

Unless licensee is disqualified, approval of this permit certifies that the Licensee is entitled to hold and use this Idaho Catering Permit at the above designated premises, subject to Provisions of the Title 23-I.C.

Approval _____ Disapprove _____ Date _____

Idaho County Sheriff _____