

IDAHO ALCOHOL BEVERAGE CATERING PERMIT

BUSINESS NAME: _____

TOTAL DAYS (Party Event): 1. 2.

TOTAL DAYS (Festival or Convention): 1. 2. 3. 4. 5.

TOTAL FEES (\$20/day): _____

FACILITY ADDRESS: _____ CITY: _____ COUNTY: _____

STATE OF IDAHO ALCOHOL BEVERAGE LICENSE NUMBER: _____ PREMISE NUMBER: _____

DATES PERMIT TO BE USED: FROM _____ TO _____ **TIME:** FROM _____ M TO _____ M.

LOCATION WHERE PERMIT WILL BE USED (ADDRESS & ROOM NUMBER): _____

TYPE OF EVENT: _____ EVENT NAME (IF APPLICABLE): _____

EVENT BEING HELD FOR (ORGANIZATION, GROUP, OR INDIVIDUAL NAME): _____

ALCOHOL TO BE SERVED (Must match the State Liquor License):

Bottled/canned beer Draft beer Wine by the glass Wine by the bottle Liquor

Signature of Licensee

Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this Idaho Alcohol Beverage Catering Permit at the above premises, subject to provisions of Title IC 23-934A.

Jim Brannon, Clerk

Date: _____

Deputy Clerk

Date: _____