ALCOHOL BEVERAGE CATERING PERMIT

Idaho Code Title 23, Chapter 9; Garden City Code §§ 1-11, 3-1, 3-2A

Fax No.: (208) 472-2996 E-mail: customerservice@gardencityidaho.org

NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION, GROUP, OR UNIT LISTED ON THE STATE ALCOHOL LICENSE:		
LICENSEE ADDRESS:		
LICENSEE CONTACT NAME:	PHONE NO.:	E-MAIL ADDRESS:
EVENT ON-SITE CONTACT NAME(S):	PHONE NO.:	E-MAIL ADDRESS:

STATE OF IDAHO ALCOHOL BY THE DRINK LICENSE LICENSE # EXPIRATION DATE:	ADA COUNTY ALCOHOL BY THE DRINK LICENSE LICENSE # EXPIRATION DATE:
NAME OF VENUE:	NAME OF EVENT:
PHYSICAL ADDRESS OF VENUE:	
DATE(S) OF EVENT AND HOURS OF SERVICE:	EXPECTED ATTENDANCE:

COPIES OF THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION.

☐ Copy of alcohol license issued by the State of Idaho and Ada County

☐ Map of premises with location(s) where alcohol will be served and consumed (include bar area and table configuration)

Application must be submitted a minimum of 5 business days prior to the event.

By signing and submitting this public record, I verify that the venue is not an alcohol-licensed premise and that an approved permit will only be exercised by the Licensee on record, pursuant to Idaho Code § 23-934A.

APPLICANT SIGNATURE _____ DATE: _____

The sponsored event will be open to the named organization(s), group(s), or person(s), and guests for a period of _____ day(s), not to exceed five (5) consecutive days.

The fee is twenty dollars ($20.00) per day. _____ Days @ $20.00/day = $_____

ADMINISTRATIVE REVIEW (FOR INTERNAL USE ONLY)

_____APPROVED _____ DENIED

POLICE CHIEF (OR DESIGNEE) SIGNATURE _____ DATE: _____

CITY CLERK SIGNATURE _____ DATE: _____

FINAL COPIES SENT TO:

☐ Applicant ☐ North Ada County Fire & Rescue/Boise Fire

☐ Idaho State Police, Alcohol Beverage Control