



1717 E. Polston Ave.
 Post Falls, Idaho 83854
 Phone (208) 773-3517 Fax (208) 773-3200

ALCOHOL BEVERAGE CATERING PERMIT
Chapter 5.04.130

Fee: \$20.00/day
 (Maximum of 3 days)

- 1 day = \$20.00
- 2 days = \$40.00
- 3 days = \$60.00

FOR OFFICE USE ONLY:
 RECEIPT # _____ \$ _____
 001-6321

Event: _____

Location of event: _____

Catering for (organization): _____

Date(s) of event:

Date: _____ Time: _____ a.m. p.m. to _____ a.m. p.m.

Date: _____ Time: _____ a.m. p.m. to _____ a.m. p.m.

Date: _____ Time: _____ a.m. p.m. to _____ a.m. p.m.

Per State Code Section 23-927 hard liquor cannot be sold before 10:00 am.

Type of beverage to be dispensed: Beer Wine Liquor

Name of contact person: _____

Address: _____

Phone: _____

Licensee (name on alcohol beverage license): _____

Address of licensee: _____

Phone: _____ State Alcohol Beverage License # _____

Attach a copy of State Alcohol Beverage License

The sponsored event will be open to the named organization and guests for a period of _____ days, not to exceed three (3) consecutive days at a fee of \$20.00 per day, or a fee designated by Council.

 (Signature of Licensee)

 Please print name

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

- Approved Denied

 Police Chief

 Date

Original: Post Falls Police Department
 Copies: Applicant
 abc@isp.idaho.gov