



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

ALCOHOL BEVERAGE CATERING PERMIT
Chapter 5.04.130

FOR OFFICE USE ONLY: RECEIPT # _____ \$ _____ 001-6321
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Fee: \$20.00/day
 (Maximum of 5 days)

_____ days x \$20 = \$ _____

Type of Event:

- Festival (Not to exceed 5 consecutive days)
- Convention (Not to exceed 5 consecutive days)
- Party (Not to exceed 2 days)

****Form must be turned into the Post Falls Police Department 5 business days prior to date of event.****

Event: _____

Location of event: _____

Catering for (organization): _____

Date(s) of event:

Date: _____	Time: _____	Am .m.	Pm .m.	to _____	Am .m.	p.m.
Date: _____	Time: _____	Am .m.	Pm .m.	to _____	Am .m.	p.m.
Date: _____	Time: _____	Am .m.	Pm .m.	to _____	Am .m.	p.m.
Date: _____	Time: _____	Am .m.	Pm .m.	to _____	Am .m.	p.m.
Date: _____	Time: _____	Am .m.	Pm .m.	to _____	Am .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

 (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

 Chief of Police

 Date