



CITY OF STANLEY

IDAHO LIQUOR CATERING PERMIT

LICENSEE'S NAME \_\_\_\_\_ FEE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
 STATE OF IDAHO LIQUOR LICENSE NUMBER \_\_\_\_\_ FEE 20  
 DATES LICENSE TO BE USED \_\_\_\_\_  
 HOURS OF USE \_\_\_\_\_ A.M. UNTIL \_\_\_\_\_ P.M.  
 PREMISES \_\_\_\_\_  
 CATERING FOR \_\_\_\_\_

THE SPONSORED EVENT WILL BE OPEN TO THE NAMED ORGANIZATION, GROUP OR PERSON AND GUESTS FOR A PERIOD OF \_\_\_\_\_ DAY(S), NOT TO EXCEED THREE (3) CONSECUTIVE DAYS AT A FEE OF TWENTY DOLLARS (\$20.00) PER DAY.

\_\_\_\_\_  
SIGNATURE OF LICENSEE

UNLESS LICENSEE IS DISQUALIFIED, APPROVAL OF THIS PERMIT DOES CERTIFY THAT THE LICENSEE IS ENTITLED TO HOLD AND USE THIS IDAHO LIQUOR CATERING PERMIT AT THE ABOVE DESIGNATED PREMISES, SUBJECT TO PROVISIONS OF TITLE 23-1-C, IDAHO CODE.

APPROVAL \_\_\_\_\_ DENIED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
CITY OFFICIAL

ORIGINAL TO: LICENSEE  
COPY TO:

CHIEF OF POLICE  
ALCOHOL BEVERAGE CONTROL PO Box 700, MERIDIAN, ID 83680-0700  
CITY CLERK

City of Stanley  
P.O. Box 53 Stanley, ID 83278  
Tel: 208.774.2286 / Fax: 208.774.2278  
[www.stanley.id.gov](http://www.stanley.id.gov)