APPLICATION FOR CATERING PERMIT   Fee $20.00/Day

Fax # 208-472-2996   E-mail customerservice@gardencityidaho.org

TODAY'S DATE:	APPLICANT'S BUSINESS NAME:	
BUSINESS ADDRESS (Physical Street address, City, State and Zip Code):		BUSINESS PHONE NO.
NAME OF PERSON SUBMITTING TODAY'S APPLICATION:	POSITION HELD AT BUSINESS:	CONTACT PHONE NO.
NAME OF ORGANIZATION SPONSORING EVENT AND NAME OF CONTACT PERSON	POSITION HELD AT BUSINESS:	CONTACT PHONE NO.

SECTION – I APPLICANT'S NAME AND CONTACT INFORMATION

ALTERNATE PHONE CONTACT NO.	FAX NO.	E-MAIL ADDRESS:

SECTION II PURPOSE/TYPE OF EVENT; EVENT LOCATION; USES/SERVICES; PERMIT EFFECTIVE DATE

VENUE NAME AND LOCATION (Physical Address):	NAME OF PERFORMANCE, ACT OR PROGRAM:	
DETAILED DESCRIPTION OF WHERE ALCOHOL WILL BE SERVED ON THE PREMISIS: (ATTACH MAP IF NECESSARY)		IS THIS A PUBLIC BUILDING: ☐Yes ☐No
PROPOSED DATE(S) OF EVENT: (NOT TO EXCEED 3 CONSECUTIVE DAYS)	PROPOSED TIMES OF OPERATION: Begin: End:	

TYPE OF PERMIT (Check Applicable): ☐Alcohol ☐Food	STATE LIQUOR;BEER;WINE LICENSE NO.#:	COUNTY LIQUOR;BEER;WINE LICENSE NO.#:	CENTRAL DISTRICT HEALTH LICENSE NO.#:
Type(s) of Act (Check all applicable): ☐Live Concert ☐Dance ☐Retail Show ☐Fight / Box Match ☐Holiday Program ☐Parade ☐Other (Identify): _____		Estimated Occupancy: _____	Maximum Occupancy: _____

SECTION – III PUBLIC SAFETY AND VENUE SECURITY

Private Security is Provided: ☐Yes ☐No	Venue Parking Staff is Provided: ☐Yes ☐No	Impact to Police Services: ☐Yes ☐No	Impact to Fire Services: ☐Yes ☐No
Venue is age restricted: ☐Yes ☐No	Will Venue Impact Public Roadway(s): ☐Yes ☐No	Name and Phone No # of venue Contact Person during event:	
Applicant please list any other information you feel may be relevant to your application:			

By signing and submitting this public record you are stating that the information contained herein is true and accurate. Copies of all licenses must be attached upon submission. You are also authorizing the City to complete a background check on the business and applicant as authorized by Idaho Statute. Failing to complete the application, omitting information, falsifying the application or writing misleading information may result in this application being denied.

X_____   DATE:_____

SECTION IV – ADMINISTRATIVE REVIEW

Chief of Police	City Clerk
Recommends	*Action taken*
☐Approval ☐Conditional Approval ☐Denial	☐Approval ☐Conditional Approval ☐Denial
Chief of Police	City Clerk