

CITY OF BONNERS FERRY
CATERING PERMIT APPLICATION

Owners Name: _____

Business Name: _____

Business Address: _____

State Beverage License Number: _____

I hereby request a catering permit for the following dates: _____

from the hours of _____ a.m./p.m. to _____ a.m./p.m. at the

following location: _____.

Catering will be done for the following group or organization sponsoring the

event: _____.

Type of Event: _____.

Wine: _____ Beer: _____ Hard Liquor: _____

Signature of the Licensee Date

Printed Name

Address: _____ Phone: _____

Date Submitted to City Council _____

A non-refundable fee of \$20 per day is required with the application

Please make check payable to: City of Bonners Ferry
P. O. Box 149
Bonners Ferry, ID 83805