



CITY OF BONNERS FERRY

7232 Main Street
P.O. Box 149
Bonners Ferry, Idaho 83805
Phone: 208-267-3105 Fax: 208-267-4375

CATERING PERMIT REQUIREMENTS

Please initial

- _____ 1. Business obtained Catering Permit Application which includes business and, address, and license number; date(s) of use, location of use, and name of individual or organization using the permit.
- _____ 2. Advised applicant it is mandatory to post age restrictions and abide by all Alcohol Beverage Control regulations.
- _____ 3. Advised applicant it is mandatory to display Catering Permit at location of use.
- _____ 4. Advised applicant to pay \$20.00 per day fee, unless waived by City Council.
- _____ 5. Confirmed that Catering Permit will not be used within 300 feet of school, church, or other place of public worship.

_____ Date

_____ Name of Business

_____ Chief of Police



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CITY OF BONNERS FERRY CATERING PERMIT APPLICATION

Owners Name:

Business Name:

Business Address:

Phone Number:

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: _____
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Signature of the Licensee Date



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Date Approved by Chief of Police _____

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

Please make check payable to: City of Bonners Ferry
PO Box 149
Bonners Ferry, ID 83805