

CITY OF BONNERS FERRY

7232 Main St/ P.O. Box 149 Bonners Ferry, Idaho 83805 Phone: 208-267-3105 cityhall@bonnersferry.id.gov

CATERING PERMIT REQUIREMENTS Please initial

| 1. | includes business | d Catering Permit Application which and, address, and license number; eation of use, and name of individual sing the permit. | |
|--------|--|--|--|
| 2. | | t it is mandatory to post age restrictions 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 worsh | |
| | Date | Name of Business | |
| | | Chief of Police | |



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CATERING PERMIT APPLICATION

| Owners Name: | | |
|---|-----------------------------------|------------------|
| Business Name: | | |
| Business Address: | | |
| Phone Number: | | |
| State Beverage License Number: | | |
| I hereby request a catering permit for | r 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 | g group or organization sponsorin | g the |
| event: | | |
| | | |
| Signature of the Licensee | Date | |
| | | |
| 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