

CITY OF ST. MARIES
602 COLLEGE AVENUE
ST. MARIES, ID 83861
(208) 245-2577 or jkinzer@cityofstmaries.org

(Office use only) Amount Paid	Date
Receipt No	
Date Verified State Liq. License Catering Permit Number	

## CATERING PERMIT APPLICATION FOR ALCOHOLIC BEVERAGES

APPLICANT INFORMATION (Complete all fields.)		
Licensee's Name	Fee:	
Licensee's Address (Street, City, State, Zip, County):		
Day of Event Contact Information (Name and Phone	e Number):	
State of Idaho Liquor License No.	Permit to serve and sell:	
(Liquor by the Drink or Beer & Wine):	Liquor by the drink	
	☐ Beer	
	☐ Wine	
Date permit will be used:	Hours of permit use (To and From):	
Location of Catering:		
Catering For (Organization, Groups or Person Sponsoring	the event):	
Signature of Applicant:	Date:	
•	a period of days, not to exceed five (5)	
	(\$20.00) per day. Complete application and fee must	
	ior to the event. Please note that this cannot be	
refunded in a	ny event (I.C. §23-934)	
HE PERMIT APPLICATION MUST BE APPROVED A	ND SIGNED BY THE ST. MARIES POLICE CHIEF AND THE CITY	
CLERK SIGNAFIYING THE AREA ALCOHOL IS BEING	S SERVED HAS BEEN REVIEWED. THIS DOES NOT SIGNAFY A	
PERMIT TO SELL, ONCE APPROVED YOU WILI	L RECEIVE A FINAL PERMIT TO ALLOW FOR CATERING.	
St. Maries Police Chief	City Clerk	