

Phone 208-245-2577

Fax 245-6579

SPECIAL EXEMPTION PERMIT

FOR ACTIVITES ON CITY PROPERTY

APPLICANT INFORMATION (Complete all fields.)		
Na	ame (Or Group):	

Name (Or Group):	Phone Number:
Mailing Address:	
Location of Activity	Activity Data/Times
Location of Activity	Activity Date/Time:
Description of Astronomy	
Description of Activity:	
The City of St. Maries Council grants a Special E	xemption Permit for the issuance of a permit to
	030 and/or § 9.32.040 of Ordinance No. 632. The
	der to allow the sale, possession, or consumption
	•
of beer, wine, or any intoxicating beverage ON	LY at the above location listed by the applicant.
THE DEPART IS CALLY VALUE IF ADDROVED AND SIGNE	D DV THE MANOR AND THE ST AMARIES DOLLGE SHIEF
	D BY THE MAYOR AND THE ST. MARIES POLICE CHIEF
SIGNAFIYING THE AREA ALCOHOL IS	BEING SERVED HAS BEEN REVIEWED.
St. Maries Police Chief	Mayor

Received By: ______
Catering Permit # (if required): _____