

CASSIA COUNTY CATERING PERMIT APPLICATION

Dated:			Type of Business: (mark one)			
State License #	ttach copy)			Individual: _ Corporation Partnership		
The undersigned do	es hereby apply to	Cassia County, Ida	ho for a catering pe	rmit to sell alc	oholic beverages.	
Business applying:			Mailing address if different:			
Address:						
 Phone #:			Additional	l Contact, if any	y:	
Type of Event:						
Name and location c	of the event:					
Permit to be used or	n Date(s):		Time(s):		Number of Days:	
Catering for: Orga	nization				\$20.00 per day	
Grou	nb dr			<u>.</u>	Fee included: \$	
Pers	on(s)					
Pursuant to Cassia C	County Ordinance	Title 3, Chapter 1D	:			
Applicant hereby aff provided by Idaho St				ments thereto	ations for a license as s signature	
				Applicant	s signature	
State of Idah County of: _	00) ss _)				
	day of id state, personally		before me, a i	notary public		
					(seal)	
Commission	Expiration:					