

CASSIA COUNTY
ALCOHOLIC BEVERAGE CATERING PERMIT APPLICATION
Per IC 23-934A

Name of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Business Email: _____

Additional Contact: _____

County License Number: _____ State License Number: _____

Name and Type of Event: _____

Location of Event (If in a public building, name the rooms alcohol will be served in):

Event Sponsor (Name of group, corporation, or persons catering for):

Event Date(s): _____ / _____ / _____ To _____ / _____ / _____

Event Hour(s): _____ To _____

Number of Days (maximum of 5 consecutive days): _____

Pursuant to Cassia County Ordinance Title 3, Chapter 1D:

Applicant hereby affirms that he/she/they are eligible and has/have none of the disqualifications for a license as provided by Idaho State Code Title 23, Chapters 9, 10, and 13 and any amendments thereto. The undersigned does hereby apply to Cassia County, Idaho for a catering permit to sell alcoholic beverages.

Signature: _____ Date: _____

State of Idaho)
County of) SS

On this day _____ before me, a notary public in and for said state, personally appeared _____.

Signed _____

Residing at _____

(Seal)

My commission expires _____