



LCP- _____

CITY OF MERIDIAN ALCOHOL BEVERAGE CATERING PERMIT

ALCOHOL LICENSEE _____ FEE \$20/Day
Corporation, partnership or individual listed on the state license

LICENSEE ADDRESS _____ CITY _____ PHONE _____

CONTACT _____
Name Phone Email

STATE OF IDAHO ALCOHOL BY THE DRINK LICENSE # _____ YEAR _____
(Include copy of State License)

DATE PERMIT TO BE USED _____ HOURS _____
Month Day Year From To

AT _____, CATERING FOR _____
Location Name & Address (including suite/room #) Name of Party or Convention
Expected Attendance _____

The sponsored event will be open to the named organization(s), group(s), or person(s) and guests for a period of _____ day(s), not to exceed five (5) consecutive days at a fee of twenty dollars (\$20.00) per day.

Signature of Alcohol Licensee

Unless licensee is disqualified, approval of this permit does certify the licensee is entitled to hold and use this Idaho Alcohol Beverage Catering Permit at the above designated premises, subject to provisions of Idaho State Code Title 23 (Senate Bill No. 1354)

FIRE DEPARTMENT _____ APPROVED _____ DENIED _____ DATE _____
POLICE DEPARTMENT _____ APPROVED _____ DENIED _____ DATE _____

CITY CLERK SIGNATURE _____ DATE _____

STAFF USE ONLY
E-mailed to ABC DATE _____
E-mailed to Applicant DATE _____