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CITY OF MERIDIAN
ALCOHOL BEVERAGE CATERING PERMIT

\*Application must be submitted at least 3 business days prior to event

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

LICENSEE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

LICENSEE CONTACT \_\_\_\_\_
Name Phone Email

ON SITE CONTACT \_\_\_\_\_
Name Phone Email

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

DATE(s) PERMIT TO BE USED \_\_\_\_\_ HOURS \_\_\_\_\_
Month Day(s) 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.

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 Code Section 23-934A

STAFF USE ONLY

FIRE DEPARTMENT \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED
POLICE DEPARTMENT \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

CITY CLERK SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-mailed to Applicant DATE \_\_\_\_\_
E-mailed to ABC DATE \_\_\_\_\_