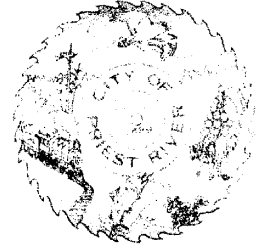


CITY OF PRIEST RIVER

P.O. Box 415; 552 High Street
Priest River, Idaho 83856
(208) 448-2123



Alcohol Catering Permit

License Number: _____

Business Name: _____

Address: _____

Phone Number: _____

Current Year State of Idaho License Number: _____

Current Year Bonner County License Number: _____

Current Year City of Priest River License Number: _____

Date(s) permit is to be used:
(Not to exceed three (3) consecutive days) _____

Hours permit is to be used: _____

Types of beverages to be served: _____

Location: _____

Catering for: _____
Organization, group, person or persons sponsoring the convention or party)

Fee: _____ Paid By: Cash: _____
(\$20.00 per day) Check #: _____

Signature of Licensee: _____

Office Use Only

Date Received: _____ Receipt #: _____

Signature of City Clerk: _____

Signature of Police Chief: _____