## 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 Current Year Bonne Current Year City o	er County Lice	nse Numb	er:		
Date(s) permit is to (Not to exceed three (3) conse	be used: ecutive days)				
Types of beverages	to be served:				
Location:	_				
Catering for: Organization, group, person	or persons sponsoring	g the convention	n or party)		
Fee: (\$20.00 per day)		P:	aid By:	Cash: Check #:	
Signature of Licens	ee:				
*Office Use Only*  Date Received:			Receipt #	#: 	
Signature of City C	lerk:				
Signature of Police	Chief:				