

Charitable Event Beer and Wine Application

Organization Name: _____

Contact Person: _____

Organization Address: _____

Mailing Address: _____

Phone: _____ FAX: _____

Name of Event: _____

NONPROFIT SPONSOR

Please attach copy of Idaho Charitable Event License

Name(s): _____

Mailing Address(es): _____

Phone Number(s): _____

TAX identification Number(s): _____

Quantities and Types of Beer and/or Wine Products to Be Used at the Event: _____

Name of Dealer Beer and/or Wine Is to be Received From: _____

Address: _____

Phone Number: _____

Name of Licensed Beer/Wine Retailer to Dispense Beer/Wine: _____

Address of Retailer: _____

Mailing Address: _____

Phone: _____ FAX: _____

Date(s) of the Event: _____

Start Time: _____ Stop Time: _____

Please note that events shall be held between 2 p.m. and 10 p.m. unless an exception is granted.

Location of event, and description of premises where beer/wine will be conveyed:

Attach Site plan and additional pages as needed

Signature of Applicant or Authorized Representative: _____

