

Application for Beer and Wine Catering Permit
City of Driggs

Organization Name: _____

Organization Address: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ email: _____

Name of Licensed Beer/Wine Retailer to Dispense: _____

Address of Licensed Retailer: _____

Mailing Address of Retailer: _____

Contact Person: _____

Phone: _____ email: _____

Name of the Event: _____

Date(s) of the Event: _____

Quantities and Types of Products: _____

Start Time: _____ Stop Time: _____

Location for Event Where Beer/Wine Conveyed: _____

I have received the City of Driggs Liquor Ordinance and agree to abide by all provisions of this ordinance. I also agree to abide by the laws of the State of Idaho, and I am advised of possible penalties other than revocation of this license for any infractions. I hereby certify that the above statements are true, complete and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Subscribed and Sworn Before Me on This _____ day of _____, 20_____

City Clerk: _____

Fee: \$20.00