



# City of Caldwell Alcohol Beverage Catering Permit Application

Complete this permit and remit with PAYMENT to the City Clerk's Office, 411 Blaine Street, Caldwell, ID 83605 or send to Caldwell City Hall, ATTN: City Clerk, P.O. Box 1179, Caldwell, ID 83606 **Submit application at least 5 working days prior to the event.**

## PLEASE PRINT THE INFORMATION BELOW

Alcohol Licensee Holder: \_\_\_\_\_  
(Business name as listed on Idaho State Alcohol License)

Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Idaho State Alcohol License No. \_\_\_\_\_ Expires \_\_\_\_\_  
(If applicant does not hold an alcohol beverage license with the City of Caldwell, a copy of their Idaho State Alcohol Beverage License must be provided with the application.)

Permit to be used: Month \_\_\_\_\_, Date(s) \_\_\_\_\_ Hours: \_\_\_\_\_ m, \_\_\_\_\_ m

Location: \_\_\_\_\_  Beer  Wine  Liquor  
(Premises, Rooms, Suites, Address)

Catering for: \_\_\_\_\_  
(Type of Event: Private Party, Convention, Wedding, Reception, Festival, etc.)

Name of party or convention sponsoring the event: \_\_\_\_\_  
Expected attendance at the event: \_\_\_\_\_

Alcohol Inside (dispensed and consumed inside a building)

Alcohol Outside (dispensed and consumed outside in the open). Attach a detailed site plan of the area to be used in relation to adjacent properties, show location of dispensing area (beer garden).

This sponsored event will be open to the named organization(s), group(s), or person(s) and guests for a period of \_\_\_\_\_ days, not to exceed five (5) consecutive days at the fee of twenty dollars (\$20.00) per day.

Responsible Licensee Name: (print please) \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail: [cityclerk@cityofcaldwell.org](mailto:cityclerk@cityofcaldwell.org) Phone: (208) 455-4656 Fax: (208) 455-3003

Office Use Only:

Approved  Denied Caldwell Police Chief: \_\_\_\_\_

Approved  Denied Caldwell Fire Chief: \_\_\_\_\_