



No. _____

ALCOHOL BEVERAGE CATERING PERMIT

RETAIL SALE OF ALCOHOL BY THE DRINK

Complete this permit and remit with PAYMENT to Community Development Department, Business Licensing, 215 "D" St, Lewiston, ID 83501. Please allow 7-14 days review time. **Note:** Temporary beer gardens may be required to be contained within a 6-ft. chain-link fence, sight-obscured from the public and/or public right-of-way with fire-resistive approved material. Questions? Call (208) 746-7363 or dmartress@cityoflewiston.org

Alcohol Licensee Holder: _____ **Fee:** \$ _____
Business Name as Listed on Idaho State Alcohol License

Address: _____ **City:** _____ **County:** _____
State Licensed Premises - Address

Idaho State Alcohol License No. _____ **20** _____

Permit to be used: _____, _____, **Hours:** _____ **m.** _____ **m.**
Month Days From To

Location: _____, **Catering for:** _____
Address - Premises, Rooms, Suites Name of Festival, Convention, or Party

Note: If alcohol will be served at a public building, please specify the rooms where the alcohol will be served.

Sponsored By: _____
Name of Organization(s), Group(s), or Person(s)

Alcohol Inside **Alcohol Outside**
*Attach a detailed site plan that shows the area to be used in relation to adjacent properties including where exits are located. If outdoor, please describe the type of materials to be used to contain and sight-obscure any consumption area from the public and/or public right-of-way.

Number of People Expected to Attend: _____ **Type of Alcohol to be Served:** _____

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 for a festival or convention, and not to exceed two (2) consecutive days for a party, at the fee of Twenty Dollars (\$20.00) per day.

Licensee agrees and understands that, unless the licensee is disqualified, approval of this permit certifies that the licensee is entitled to hold and use this Alcohol Beverage Catering Permit at the above designated premises, subject to the provisions of Idaho Code, Title 23.

Alcohol Licensee's Signature: _____ **Official Title:** _____

Date: _____ **Contact Phone Number:** _____

Email Permit to: _____

Chief of Police Recommendation: Approve Deny Condition(s) to ensure public safety: _____

Signature: _____ Date: _____

Chief of Fire Recommendation: Approve Deny Condition(s) to ensure public safety: _____

Signature: _____ Date: _____

City Clerk Signature: _____ Date: _____

Application is: **APPROVED** **DENIED** **Signature:** _____ **Date:** _____
Community Development Director

Original: TO THE LICENSEE **THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE IN THE SERVING AREA**