



DEPARTMENT OF BUSINESS LICENSE APPLICATION/PERMIT LIQUOR CATERER EVENT

DATE OF APPLICATION: _____ LIQUOR LICENSE #: _____

LIQUOR CATERER BUSINESS NAME: _____

PHONE NUMBER: _____ DATE (S) OF EVENT: From: _____ To: _____

HOURS: From: _____ To: _____ ESTIMATED ATTENDANCE: _____

EVENT SPONSOR: _____

LOCATION/ADDRESS OF EVENT: _____

DESCRIPTION OF EVENT: _____

LIQUOR CATERER SUPERVISOR AT EVENT: _____ PHONE #: _____

TYPE OF PERMIT REQUESTED: BEER BEER & WINE FULL LIQUOR

FEES ARE \$10.00 PER DAY PER LIQUOR SERVICE LOCATION.

NUMBER OF LIQUOR SERVICE LOCATIONS TO BE OPERATED: _____

LIST ALL EMPLOYEES SERVING OR SUPERVISING ALCOHOL DISTRIBUTION		
NAME	WORK CARD # AND EXP DATE	ALCOHOL AWARENESS TRAINING EXP DATE

APPLICANT'S PRINTED NAME/TITLE: _____

APPLICANT'S PHONE: _____ EMAIL: _____

APPLICANT'S SIGNATURE: _____

PARKS AND RECREATION: APPROVE/DISAPPROVE APPROVED BY: _____ DATE: _____

BUSINESS LICENSE: APPROVE/DISAPPROVE DATE: _____ FEE: _____ (Not Required for Non-Profit)

APPROVED BY: _____ **COMMENTS:** _____
