



City of Ketchum

OFFICIAL USE ONLY
Permit No.:
Date Issued:
By:
Days:
Fee Paid \$: \$20.00 per day fee

ALCOHOL BEVERAGE CATERING PERMIT APPLICATION

LICENSEE INFORMATION		
Name of Business:		
Doing Business As (DBA) or Individual listed on your State License:		
Business Address:		
City:	County:	Zip:
Current State of Idaho Alcohol Beverage License No.:		License Held: Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/>
EVENT INFORMATION		
Event Name (Catering event name, please be specific):		
Event Location (Address including room name or suite number):		
Event Sponsor Organization:		
Event Contact Name:		Contact Phone Number:
Contact Email:	Will contact be on site? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, provide onsite contact information below)</i>	
Onsite Contact Name:		Onsite Contact Phone:
Estimated no of guests in attendance? _____		Is this a 21 year and older event? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates:	Start Time:	End Time:
Is this a party? Yes <input type="checkbox"/> No <input type="checkbox"/>	1-2 days, how many days _____	<i>maximum 2 days</i>
Is this an event? Yes <input type="checkbox"/> No <input type="checkbox"/>	3-5 Days, how many days _____	<i>maximum 5 days</i>
Is this event connected with a special event permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
**Permit holder or an employee of the permit holder must be present at the event.		
TENT OR CANOPY		
Will a tent or canopy over 400 sq. ft. be used? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>if yes, please apply for a tent permit with the Ketchum Fire Department 725-7805</i>		

The sponsored event will be open to the named organization(s), group(s), or person(s) and guests for a period stated in the Official Use Only box above Days, not to exceed five (5) consecutive days at a fee of twenty dollars \$20.00 per day. Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this permit at the above designated location and is subject to provision of Title 13-i.c.

DRAWING OF SIT. PLEASE MAKE SURE YOUR MAP IS DETAILED
Show location of alcohol service; location in relation to streets and sidewalks; area measured in feet.

Signature Authorized Representative

Date

OFFICIAL USE ONLY	
Police Department	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Conditions:	
Approval Signature:	Date:
Fire Department	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Conditions:	
Approval Signature:	Date:
_____ City Clerk Signature	
_____ Date	

Commented [SR1]: