



# 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:** \_\_\_\_\_

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