



City of Bellevue
 115 East Pine Street
 P. O. Box 825 Bellevue, ID 83313
 208-788-2128 Fax 208-788-2092

Alcohol Beverage/Catering Permit Application

Applicant Information	
Name of Alcohol License holder <i>(Must have a City of Bellevue Alcohol License)</i> :	
Address of license holder:	
Property physical address:	
State of Idaho Retail Alcohol Beverage License #:	
Dates/ Times of Use:	
Date: _____	From _____ am/pm
	To _____ am/pm
Date: _____	From _____ am/pm
	To _____ am/pm
Date: _____	From _____ am/pm
	To _____ am/pm
Date: _____	From _____ am/pm
	To _____ am/pm
Type of Event:	
The Sponsored event will be open to the organization(s), group(s), or person(s) and guests for a period of _____ days.	
Event will serve: <input type="checkbox"/> BEER <input type="checkbox"/> WINE <input type="checkbox"/> LIQUOR	
Catering for (event name):	
Name of person sponsoring event:	
Phone Number:	Email:
Address Alcohol will be served at: <i>If public Building- indicate rooms or area where alcohol is to be sold/served</i>	
Consumed on site <input type="checkbox"/> FOOD <input type="checkbox"/> ALCOHOL	
Catering Permit Issued by the South Central Health Department (attach copy) :	
Do you hold an approved Bellevue Business License & Alcohol License? If yes, please attach a copy(s)	
Application Fee: \$50.00 a day	
Applicant signature:	
Official Use Only	
<i>Approval of this permit certifies that the license is entitled to hold and use this Idaho Liquor Catering Permit at the above designated premises.</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Mayor signature _____	Date: _____
City Clerk signature: _____	Date: _____

Community Development signature: _____ Date: _____

Marshal signature: _____ Date: _____

Public Works signature: _____ Date: _____

Fire Chief signature: _____ Date: _____