



## City of Bellevue Alcohol Beverage Catering Permit

Submit completed application and **\$20 per day fee** (5 day maximum) to Bellevue City Hall: PO Box 825 | 115 East Pine Street, Bellevue, ID 83313. If you have questions, please contact the Clerk's office at [aphelps@bellevueidaho.us](mailto:aphelps@bellevueidaho.us) or 208-913-0189.

LICENSEE INFORMATION	
Name of Business:	
Doing Business As (DBA) OR Individual listed on your State License:	
Business Physical Address:	
Business Mailing Address:	
Business Phone Number:	Business Email:
Business website:	
Idaho Alcohol Beverage License No. (Please submit a copy with application):	
License Held: <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Beer	
EVENT CONTACT INFORMATION	
Event Name (catering event name- please be specific):	
Event Location:	
Event Sponsor Organization:	
Event Contact Name:	Event Contact Email:
Event Contact Phone:	Will Contact be on site:
Onsite Contact Name:	Onsite Contact Phone:
<b>**permit holder or an employee of the permit holder must be present at the event.</b>	
EVENT INFORMATION	
Estimated number of guests in attendance: _____	Is this a 21 year and older event?
Dates:	Start Time:                      End Time:
Will a tent or canopy over 400 sq. ft. be used?	

**Drawing of Site. Map Should Provide All details.  
Show location of alcohol service, location in relation to streets and sidewalks, and  
area measured in feet.**



Days, not to exceed five (5) consecutive days, require 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 Idaho Code §23. Applicant agrees to observe all City ordinances, laws and conditions imposed. Applicant agrees to defend, hold harmless and indemnify the City of Bellevue, its officers and employees from all liability claims, suits and costs arising from incidents or accidents occurring under this permit. Applicant certifies that s/he has read and examined this application and that all information contained herein is true and correct.

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Signature of Authorized Representative

Date

**Official Use Only**

*Approval of this permit certifies that the license is entitled to hold and use this Idaho Liquor Catering Permit at the above designated premises.*

Approved                       Denied

Marshal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_