



City of Dover
699 Lakeshore Ave. - P.O. Box 115, Dover, ID 83825
cityclerk@cityofdoveridaho.org - 208-265-8339

MEETING DATE: \_\_\_\_\_
APPROVED: YES [ ] NO [ ]
DATE(S) \_\_\_\_\_
FEES PAID: YES [ ] NO [ ]
City Clerk \_\_\_\_\_

ALCOHOLIC BEVERAGE CATERING PERMIT APPLICATION

Please submit application to the City Clerk
along with the non-refundable Twenty Dollars (\$20.00) a day for each day selling at the special event

Date: \_\_\_\_\_
Applicant is twenty-one (21) years of age or older: Yes [ ] No [ ]
Current Idaho State Liquor License Number(s): \_\_\_\_\_
Current Bonner County Liquor License Number(s): \_\_\_\_\_

PLEASE ATTACH: A copy of your alcoholic beverage license(s) issued by the State of Idaho and Bonner County.

Applicant must be a bona fide licensee, holding an off premise license for each type applying for:

- OFF PREMISE BEER
OFF PREMISE WINE
LIQUOR BY THE DRINK

Number of Days Applying For: \_\_\_\_\_ (not to exceed 3)

Name of Applicant: \_\_\_\_\_
Name of Business: \_\_\_\_\_
Business Address: \_\_\_\_\_
Business Phone: \_\_\_\_\_
Name of Special Event: \_\_\_\_\_
Sponsor(s): \_\_\_\_\_
Address/Location of Event: \_\_\_\_\_
Location of designated alcohol sale site: \_\_\_\_\_

Date(s): \_\_\_\_\_ Daily start time: \_\_\_\_\_ Daily end time: \_\_\_\_\_

THE DESIGNATED ALCOHOL SALE SITE(S) WILL BE POSTED AS SUCH

APPLICANT SHALL COMPLY WITH ALL LICENSE CONDITIONS, WITH ALL POLICIES, RULES AND REGULATIONS ADOPTED BY THE CITY OF DOVER BY ORDINANCE OR RESOLUTION, AND WITH ALL FEDERAL, STATE AND LOCAL LAWS RELATING TO THE SALE, TRADE, BARTER AND/OR DISPOSAL OF ALCOHOLIC BEVERAGES AT RETAIL WITHIN THE CITY LIMITS OF DOVER.

Date: \_\_\_\_\_
Applicant's Signature \_\_\_\_\_