



MEETING DATE: _____ APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE(S) _____ FEES PAID: YES <input type="checkbox"/> NO <input type="checkbox"/> City Clerk _____ <div style="text-align: right;"><input type="checkbox"/></div>

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

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