

ADAMS COUNTY
STATE OF IDAHO

ALCOHOL BEVERAGE CATERING APPLICATION

NAME: _____ FEE: _____

ADDRESS: _____

STATE ALCOHOL BEVERAGE LICENSE # _____

COUNTY ALCOHOL BEVERAGE LICENSE # _____

LICENSE TO BE USED: _____, _____, hours _____ m. _____ m.
Date Month From To

at _____, catering for

_____ or _____ or
Organization(s) Group(s)

_____, sponsoring the event.
Person(s)

The sponsored event will be open to the named organization(s), groups(s), or person(s) and guests for a period of _____ day(s), not to exceed five (5) consecutive days at a fee of Twenty (\$20.00) per day.

Signature of Licensee

Receipt # _____ Paid: _____

Approved: _____ Date: _____