

CITY OF GOODING
LIQUOR CATERING PERMIT

LICENSE HOLDER _____ **FEE: \$20.00**

ADDRESS: _____ **CITY:** _____ **County:** _____

STATE OF IDAHO LIQUOR BY THE DRINK LICENSE _____

DATE PERMIT TO BE USED: _____

Hours From: _____ To: _____

PREMISES TO BE USED _____

CATERING FOR: _____

The sponsored event will be open to the named organization, group, person or guests for period of ___ day, not to exceed three (3) consecutive days.

Signature of Licensee

Unless licensee is disqualified, approval of this permit does certify that the Licensee is entitled to hold and use this City of Gooding Catering Permit at the above designated premises, for serving beer, wine or liquor to the above individuals at the designated areas only, subject to provision of the Title 23-1.C.

Approval _____ Disapproval _____ Date: _____

Signed _____

Mayor or Police Chief