



ALCOHOLIC BEVERAGE CATERING PERMIT

Applicant's Name _____

Address _____ City _____ County _____

Phone number _____ State of Idaho Liquor License No. _____

All applicants are required to submit the following:

Applicant (√)	Description	Staff (√)
	Completed and signed Alcoholic Beverage Catering Permit Application	
	Fee	
	Copy of your State Liquor License	
	Copy of Liability Insurance naming the City of Star as additionally insured.	
	Driver's License of each individual selling or serving alcohol (copy of picture will be used for identification)	
	If the location of event is not owned by the applicant, written proof the owner consent to the service and sale of alcoholic beverages on such premises must be submitted	
	Signed Star Police Department Background permission form for each individual	

Permit to serve and sell: _____ Liquor by the drink
_____ Beer bottle glass
_____ Wine bottle glass

Permit to be used _____ Month _____ Date _____ Hours _____ From _____ To _____

at _____
Event address, including room number(s)

catering for _____
Organization(s), group(s) or person(s) sponsoring the event

The sponsored event will be open to the named organization(s), group(s), or person(s) and guests for a period of _____ days, not to exceed three (3) consecutive days at a fee of twenty dollars (\$20.00) per day.

Signature of Licensee Date

Unless permittee is disqualified, approval of this permit certifies that the permittee is entitled to hold and use this City of Star Alcoholic Beverage Catering Permit at the above-designated premises, not to exceed designated dates, subject to provisions of Idaho Code 23-934(A)(B).

APPROVED _____ DENIED _____ BY _____ DATE _____
CITY OF STAR



CONSENT TO SEARCH RECORD

I, _____ AKA _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HEREBY GIVE MY PERMISSION TO THE CITY OF STAR TO HAVE A POLICE RECORD SEARCH
CONDUCTED IN REFERENCE TO MY APPLICATION FOR AN ALCOHOLIC BEVERAGE CATERING
PERMIT.

This form expires 15 months after the date signed below.

SIGNATURE

DATE

- A copy of a valid drivers license or identification card must be attached.

STAR CITY POLICE DEPARTMENT VERIFICATION:

DATE _____

OFFICER NUMBER _____

*****MUST BE COMPLETED AND SIGNED BY POLICE DEPARTMENT*****