

## ALCOHOL BEVERAGE CATERING PERMIT

THE SERVICE OR SALE OF ALCOHOL BEVERAGES CATERED WITHIN THE CITY OF STAR IS SUBJECT TO CITY ORDINANCES AS WELL AS PROVISIONS OF IDAHO CODE TITLE 23. EVERY LICENSE ISSUED UNDER THE PROVISION OF IDAHO CODE TITLE 23 IS SEPARATE AND DISTINCT AND NO PERSON EXCEPT THE LICENSEE NAMED SHALL EXERCISE ANY OF THE PRIVLEGES GRANTED BY SUCH LICENSE.

- A \$20.00 PER DAY FEE (NOT TO EXCEEED FIVE (5) DAYS) IS REQUIRED UPON FILING OF THIS APPLICATION.
- SUBMIT APPLICATION ALONG WITH COPIES OF CURRENT STATE AND COUNTY ALCOHOL BEVERAGE LICENSES
- APPLICATIONS CAN BE SUBMITTED VIA EMAIL TO <u>CITYCLERK@STARIDAHO.ORG</u> OR IN PERSON AT STAR CITY HALL
- APPLICATIONS MUST BE SUBMITTED AT LEAST FIVE (5) DAYS PRIOR TO THE EVENT

| State License #   |                                    | _ Premises #  |   |   |  |
|---|------------------------------------|---|---|---|--|
| County License #  |                                    | City License #  |   |   |  |
| Business Name   |                                    | DBA   |   |   |  |
| (As listed on Idaho State Alcohol License)  |                                    |   |   |   |  |
| Business Address  |                                    | City  | , Idaho                                       | Zip Code                                      |  |
| Licensee Name   |                                    | Phone   |   |   |  |
| Email   |                                    |   |   |   |  |
| THE UNDERSIGNED HEREBY ACKNOWLED<br>ON AN ALREADY LICENSED PREMISES AN<br>THE FOLLOWING BEVERAGES UNDER THE<br>endorsement):<br>Bottled/Canned Beer | D MAKES APPLIC/<br>E ABOVE LICENSE | <u>ATION FOR A CATERING</u><br><u>S (</u> Mark all that apply m | i PERMIT TO ALLOW T<br>nust match State, Cour | HE SALE OR SERVICE OF<br>hty and City license |  |
| Organization, Group or Individual Sponso  |                                    |   |   |   |  |
| Phone Number  | Ema                                | il  |   |   |  |
| Venue Name  |                                    | Type of Event   |   |   |  |
| Venue Address   |                                    |   |   |   |  |
| Event Date(s): From   | То                                 | Hours: I  | From  | _ То  |  |
| Total Fee (# days   | s x \$20.00) App                   | roximate number of At   | tendees at Event                              |   |  |
| Has Security been Obtained?   | _ If yes, Security                 | Company Name and Ph   | one   |   |  |
| I verify under penalty of perjury that the on this application.   | licensee named is                  | s the holder of the Idah  | o State Police Alcohol                        | License Number entered                        |  |
| Authorized Alcohol Beverage Licensee Sig  | gnature*                           |   | Date  |   |  |
| *Must be signed by Alcohol Beverage Lice  | ensee or verifiabl                 | e Employee with proof   | of employment provid                          | led (if an employee is                        |  |

signing, provide copy of their Driver's License and proof of employment i.e. pay stub or signed letter listing authorized business owners/employees). Cannot be signed by a Contractor. Alcohol Beverage Catering Application



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City of Star P.O. Box 130 Star, Idaho 83669 P: 208-286-7247 cityclerk@staridaho.org

## All applicants are required to submit the following:

| Applicant (√) | Description  | Staff (√) |
|---------------|--|-----------|
|               | Completed and signed Alcoholic Beverage Catering Permit Application              |           |
|               | Permit Fee   |           |
|               | Copy of State Liquor License   |           |
|               | Copy of County Liquor License  |           |
|               | Driver's License and proof of employment (if an employee is signing application) |           |

## FOR INTERNAL USE ONLY

| State License Verified  | e License Verified County License Verified |          | City License Verified |  |  |  |
|---|--|----------|-----------------------|--|--|--|
| Is the catering permit signed by t<br>(Employee must be a W2 Employ   | Yes  | _ No     |                       |  |  |  |
| Attach copy of Alcohol Beverage   | Attached                                   |          |                       |  |  |  |
| If signed by an Employee, a copy of Driver's License and Pay Stub or signed letter listing authorized business owners/employees is attached |  | Attached |                       |  |  |  |
| Is the event 5 days or less in dura   | tion                                       | Yes      | No                    |  |  |  |
| Is the application submitted at lea   | Yes  | No       |                       |  |  |  |
| Does the type of alcohol listed ma  | Yes  | No       |                       |  |  |  |
| Copy of current State license attached  |  | Attached |                       |  |  |  |
| Copy of current County license attached   |  | Attached |                       |  |  |  |
| Does the applicant's name match<br>(Can check website or Secretary o  | Yes  | No       |                       |  |  |  |
| Is the Phone Number and Email A   | Yes  | _ No     |                       |  |  |  |
| The answer to the questions above must be YES for a permit to be issued, documents attached are for verification                            |  |          |                       |  |  |  |
| Is the event being held at a locati   | Yes  | No       |                       |  |  |  |
| If Yes, cannot issue permit unless the state license has the On-Premise Consumption Endorsement   |  |          |                       |  |  |  |
| Endorsement Verified  |  | Yes      | No                    |  |  |  |
| *Police and Fire approval must be obtained prior to issuing permit  |  |          |                       |  |  |  |
| Star Police Chief   | Star Fire Marshall                         |          |                       |  |  |  |
| Approved I  | Denied By                                  | Date     |                       |  |  |  |
| Form emailed to: Idaho State Pol  | lice: <u>abc@isp.idaho.gov</u>             | Date     |                       |  |  |  |
| Alcohol Beverage Catering Application   |  |          | Form #202             |  |  |  |