

City of Wallace

703 Cedar Street
Wallace, ID 83873
Phone: 208-752-1147
Fax: 208-752-7741

Alcohol Catering Permit

Business Name: _____
Telephone No.: _____

Address: _____

Current Year State of Idaho License Number: _____
Current Year Shoshone County License Number: _____
Current Year City of Wallace License Number: _____

Date(s) permit is to be used: _____
(Not to exceed 3 consecutive days)
Hours permit is to be used: _____

Types of beverages to be served: _____

Location: _____

Catering for: _____
(Organization, group, person or persons sponsoring the convention or party)

Fee: (\$20.00 per day): \$ _____

Paid by: Cash: _____

Check #: _____

Receipt #: _____

Received Date : _____

Signature of Licensee: _____

By signing this application the applicant agrees to follow all State, County and City
Liquor Laws.

Signature of City Clerk: _____

Approved by City of Wallace Council: _____

AND

Signature of County Sheriff: _____