

# City of Wallace

703 CEDAR STREET  
WALLACE, ID 83873  
PHONE: 208.752.1147  
FAX: 208.752.7741

## Alcohol Catering Permit

**BUSINESS NAME:** \_\_\_\_\_  
**TELEPHONE NUMBER:** \_\_\_\_\_  
**BUSINESS 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 five consecutive days)

**HOURS PERMIT IS TO BE USED:** \_\_\_\_\_

**TYPES OF BEVERAGES TO BE USED:** \_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**CATERING FOR:** \_\_\_\_\_  
(Organization, group, person or persons sponsoring the convention or party)

**FEE: (\$20.00 PER DAY)** \_\_\_\_\_

**PAID BY:**

CASH \_\_\_\_\_

CHECK \_\_\_\_\_

**RECEIVED DATE:** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_

**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:** \_\_\_\_\_

**SIGNATURE OF COUNTY SHERIFF:** \_\_\_\_\_