

## **City of Ketchum**

## **Alcohol Beverage Catering Permit Application**

Submit completed application and \$20 per day fee (5 day maximum) to the City Clerk Office: PO Box 2315 | 191 5th St. West, Ketchum, ID 83340. If you have questions, please contact Kelsie Choma at kchoma@ketchumidaho.org or 208-727-5070.

LICENSEEINFORMATION			
Name of Business:			
Doing Business As (DBA) OR			
Individual listed on your State License:			
Business Physical Address:			
Business Mailing Address:			
Business Phone:	Business Fax:		
Business Email:	Business Website:		
Idaho Alcohol Beverage License No:	License Held: Liquor Wine Beer		
EVENT CONTACT INFORMATION			
Event Name (catering event name, please be specific):			
Event Location (address including room name or suite number):			
Event Sponsor Organization:			
Event Contact Name:	Event Contact Email:		
Event Contact Phone:	Will contact be on site: Yes No		
	(if no, provide onsite contact information below)		
Onsite Contact Name:	Onsite Contact Phone:		
**permit holder or an employee of the permit holder must be present at the event			
EVENTINFORMATION			
Estimated number of guests in attendance	Is this a 21 year and older event? Yes No		
Dates:	Start Time: End Time:		
TENT OR CANOPY INFORMATION			
Will a tent or canopy over 400 sq. ft. be used? Yes No			

DRAWING OF SITE. MAP SHOULD P	ROVIDE ALL DETAI	LS.		
Show location of alcohol service, location in relation to streets and sidewalks, and area measured in feet.				
The sponsored event will be open to the nam Use Only box below. Days, not to exceed five				
disqualified, approval of this permit does cer			·	
location and is subject to provision of Idaho				
Applicant agrees to observe all City ordinances, laws and conditions imposed. Applicant agrees to defend, hold harmless and indemnif the City of Ketchum, its officers and employees from all liability claims, suits and costs arising from incidents or accidents occurring				
and correct.				
Signature of Authorized Representative Date				
<b>5</b>				
	OFFICIAL	. USE ONLY		
Date Received:	Fee Paid:	. USE UNLT	By.	
Permit Number:	<del>†</del>		By:	
Police Approved/Denied Date (circle one):	Days:	Ву:	1	
Conditions:		-1.		
Fire Approved/Denied Date (circle one):		Ву:		
Conditions:		-1.		
City Clerk Signature:		Date:		