



GEM COUNTY APPLICATION FOR ALCOHOL BEVERAGE CATERING PERMIT

THE SERVICE OR SALE OF ALCOHOL BEVERAGES CATERED WITHIN GEM COUNTY IDAHO IS SUBJECT TO GEM COUNTY ORDINANCES AS WELL AS PROVISIONS OF IDAHO CODE TITLE 23.

A \$20.00 PER DAY FEE (*NOT TO EXCEED FIVE (5) DAYS*) IS REQUIRED UPON FILING OF THIS APPLICATION.

SUBMIT APPLICATION ALONG WITH COPIES OF CURRENT STATE AND COUNTY ALCOHOL BEVERAGE LICENSES

State License #: _____ Premises #: _____ County License #: _____

Business Name: _____ Applicant Name: _____

Contact Number: _____ Business Address: _____

Please provide address of premises authorized to distribute alcoholic beverages if different than business address above: _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT THE PERMIT CAN ONLY BE EXERCISED BY THE LICENSEE, CANNOT BE USED ON AN ALREADY LICENSED PREMISES AND MAKES APPLICATION FOR A CATERING PERMIT TO
ALLOW THE SALE OR SERVICE OF THE FOLLOWING BEVERAGES UNDER THE ABOVE LICENSES;
(Mark all that Apply, Must Match State and County License Endorsements)

____ Bottled/Canned Beer ____ Draft Beer ____ Wine by the Glass ____ Wine by the Bottle ____ Liquor

Organization, Group or Individual Sponsoring Event: _____

Phone Number: _____ Email Address: _____

Venue Name: _____ Type of Event: _____

Venue Address: _____

Event Dates: From: _____ To: _____ Hours: From: _____ To: _____

Total Fee: _____ (# days x \$20.00) Approximate number of Attendees at Event: _____

Has Security for Event Been Obtained: _____

Name and Contact of Security Company: _____

Date: _____ Authorized Alcohol Beverage Licensee Signature: _____

NOTICE: Must be signed by Alcohol Beverage Licensee or verifiable Employee. Cannot be signed by a Contractor.
Applicant's signature must be notarized if not witnessed by the Gem County Clerk or Deputy thereof.

FOR INTERNAL USE ONLY:

State License Verified: _____ County License Verified: _____

Is the catering permit signed by the Alcohol Beverage License Applicant or Employee: Yes____ No____
(Employee must be a W2 Employee cannot be a 1099 Contractor)

Attach copy of Alcohol Beverage License Application

Attached____

If signed by Employee, Attach copy of Driver's License and Pay Stub
Or signed letter listing authorized business owners/employees

Attached____

Is the event 5 days or less in duration

Yes____ No____

Is the application submitted at least 5 days prior to event

Yes____ No____

(Cannot Issue permit if not at least 5 days prior per Idaho State Police)

Does the type of alcohol listed match the State and County license

Yes____ No____

Copy of the current State license attached

Attached____

Copy of the current County license attached

Attached____

Does the applicant name match the license on record
(Can check website or Secretary of State's Office

Yes____ No____

Is the Phone Number and Email the same as the Licensed Business

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 location already licensed

Yes____ No____

If Yes, cannot issue unless the state license has the On-Premise Consumption Endorsement

Endorsement Verified Yes____ No____

Verifying Clerk's Printed Name

Signature

Date

Approved by: _____

Law Enforcement Agent Printed Name

Signature

Date

Approved by: _____

Commissioner Printed Name

Signature

Date