



APPLICATION FOR ALCOHOL BEVERAGE CATERING PERMIT

Application Fee: \$20.00/Day

Idaho Code Title 23, Chapter 9; Garden City Code §§ 1-11, 3-1, 3-2A

Fax No.: (208) 472-2996 E-mail Address: customerservice@gardencityidaho.org

SECTION I – APPLICANT AND ALCOHOL LICENSE INFORMATION

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| NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, ASSOCIATION, GROUP, OR UNIT HOLDING LIQUOR, BEER, AND/OR WINE LICENSE(S) (HEREINAFTER "APPLICANT-LICENSEE"): | | |
| IF APPLICANT-LICENSEE IS A PARTNERSHIP, CORPORATION, ASSOCIATION, GROUP, OR UNIT, LIST THE NAME(S) OF EACH PARTNER, OFFICER, DIRECTOR, OR TRUSTEE: | | |
| NAME OF CONTACT PERSON: | RELATIONSHIP TO APPLICANT-LICENSEE: | CONTACT PERSON PHONE NO.: |
| ALTERNATE PHONE NO.: | FAX NO.: | E-MAIL ADDRESS: |
| STATE LIQUOR; BEER; WINE LICENSE NO. AND EXPIRATION DATE: | | COUNTY LIQUOR; BEER; WINE LICENSE NO. AND EXPIRATION DATE: |

SECTION II – EVENT INFORMATION

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| NAME OF VENUE: | | NAME OF EVENT: |
| NAME(S) OF INDIVIDUAL(S), PARTNERSHIP(S), CORPORATION(S), ASSOCIATION(S), GROUP(S), OR UNIT(S) SPONSORING EVENT: | | |
| NAME(S) OF INDIVIDUAL(S), PARTNERSHIP(S), CORPORATION(S), ASSOCIATION(S), GROUP(S), OR UNIT(S) THAT ARE TENANT(S) AND/OR OWNER(S) OF VENUE, IF DIFFERENT THAN SPONSOR: | | |
| PHYSICAL ADDRESS OF VENUE: | | |
| VENUE IS PUBLIC PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No | EVENT WILL BE HELD OUTDOORS: <input type="checkbox"/> Yes <input type="checkbox"/> No | LIST ROOM(S)/AREA(S) WHERE ALCOHOL IS TO BE SERVED: |
| DATE(S) OF EVENT: | HOURS THAT ALCOHOL WILL BE SERVED: | |
| APPLICANT-LICENSEE IS REQUESTING PERMIT EXTENSION ON THE SAME TERMS AND CONDITIONS AS THE ORIGINAL PERMIT: <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, LIST DATE(S) OF EVENT BEYOND DATE(S) STATED ABOVE: | |
| CATEGORY OF EVENT, AS SPECIFIED BY IDAHO CODE §§ 23-902, 23-934A (CHECK ALL APPLICABLE): <input type="checkbox"/> Festival (5-Day Maximum, 1 Extension Request Permitted) <input type="checkbox"/> Convention (5-Day Maximum, 1 Extension Request Permitted) <input type="checkbox"/> Party (2-Day Maximum, No Extension) <input type="checkbox"/> Other (Identify): | | |

SECTION III – PUBLIC SAFETY; EVENT SECURITY

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| PRIVATE SECURITY IS PROVIDED: <input type="checkbox"/> Yes <input type="checkbox"/> No | VENUE AND/OR EVENT IS AGE RESTRICTED: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IMPACT TO POLICE SERVICES: <input type="checkbox"/> Yes <input type="checkbox"/> No | IMPACT TO FIRE SERVICES: <input type="checkbox"/> Yes <input type="checkbox"/> No |



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SECTION IV – ATTACHMENTS; APPLICANT ACKNOWLEDGMENT AND SIGNATURE

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| COPIES OF ALL LICENSES/PERMITS, FEES, AND OTHER APPLICABLE ATTACHMENTS MUST BE SUBMITTED WITH THIS APPLICATION. | |
| <input type="checkbox"/> | Copy(ies) of Alcohol License(s) Issued by the Idaho State Police |
| <input type="checkbox"/> | Copy(ies) of Alcohol License(s) Issued by Ada County |
| <input type="checkbox"/> | Copy(ies) of Business License(s) Issued by Garden City |
| <input type="checkbox"/> | Map of Premises, with Location(s) where Alcohol will be Served and Consumed, if Outdoors |
| <input type="checkbox"/> | Copy of Permission from Event Sponsor(s) for Applicant to Serve Alcohol |
| | <small>Note: Event Permit Application Completed by Sponsor and Submitted with this Application is Sufficient</small> |
| <input type="checkbox"/> | Copy of Permission from Property Owner, if different than Sponsor, for Applicant to Serve Alcohol |
| <input type="checkbox"/> | \$20 Application Fee for Each Day Permit is to be Effective |

By signing and submitting this public record, I verify that the Venue is not a Licensed Premise and that an approved Permit will only be exercised by the Licensee on record, pursuant to Idaho Code § 23-934A. I understand that the City, the Chief of Police, the Chief of Fire, and their authorized agents may grant conditional approval with respect to this Application to ensure public safety. I understand that copies of this Application will be sent to and retained by the City, the Chief of Police, the Chief of Fire, the Idaho State Police, and their authorized agents.

I understand that this Application and all applicable fees and attachments must be submitted in completed form at least 30 days before a Permit authorized pursuant to this Application may be used and failure to do so will result in this Application being denied. I acknowledge that the information contained herein is true and accurate. I understand that failing to fully and accurately complete this Application, omitting information, falsifying information, and/or providing misleading information will result in this Application being denied. I acknowledge that I am not entitled to a refund of any fees paid pursuant to this Application.

I hereby agree to indemnify the City of Garden City from the expenses of and against any and all suits, actions, claims, and losses of every kind, nature, and description, including costs, expenses and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct by myself, the sponsors of, and/or the participants in the uses, activities, and events described in this Application, except where such loss is attributable to the tortious conduct of the City of Garden City or its authorized agents.

I certify that damage to the properties, locations, and routes at or upon which the uses, activities, and events described in this Application is not foreseeable, and I agree that if damage occurs, I shall incur any and all costs of restoring such proprieties, locations, and routes to their previous condition.

I understand that failure to comply with Idaho Code, Garden City Code, and the terms and conditions of an approved Application is punishable by law and will result in the City revoking and refusing to renew any licenses and permits approved pursuant to this Application.

APPLICANT-LICENSEE PRINTED NAME: _____

APPLICANT-LICENSEE SIGNATURE: _____

DATE: _____



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SECTION V – ADMINISTRATIVE REVIEW (FOR INTERNAL USE ONLY)

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| DATE OF RECEIPT OF <i>COMPLETE</i> APPLICATION: | |
| CHIEF OF POLICE | CHIEF OF FIRE |
| RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial | RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial |
| SIGNATURE: | SIGNATURE: |
| DATE: | DATE: |

| |
|---|
| CITY CLERK |
| ACTION TAKEN: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial |
| SIGNATURE: |
| DATE: |
| REASON(S) FOR DENIAL OR CONDITION(S) ON APPROVAL AND APPLICABLE CODE PROVISION(S): |
| PERMIT EFFECTIVE DATE(S) & HOURS OF OPERATION: |
| FINAL COPIES SENT TO: <input type="checkbox"/> Applicant-Licensee <input type="checkbox"/> Event Sponsor(s) <input type="checkbox"/> Proper Owner, if different than Event Sponsor(s) <input type="checkbox"/> Idaho State Police, Alcohol Beverage Control |