



PO Box 147  
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# Alcohol Beverage Catering Permit Application

Email [albioncity@atcnet.net](mailto:albioncity@atcnet.net) Web [www.albionidaho.org](http://www.albionidaho.org)

*Application must be filed at least 14 calendar days before the event.*

Complete this application and present it to the Cassia County Sheriff for approval **prior** to submitting it to the Albion City Clerk. The applicant is responsible for obtaining Sheriff's approval.

FEE: \$20.00 per day Date Fee Paid: \_\_\_\_\_ Fee is not refundable, I.C. Sec. 23-934A(4)

Check as many as apply:  Beer  Wine  Liquor by the Drink

Idaho License No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Telephone No. \_\_\_\_\_

PERMIT WILL BE USED: Date(s) \_\_\_\_\_

Time: \_\_\_\_\_

EVENT SPONSORED BY:

\_\_\_\_\_  
 Name of Organization / Individual Type of Event

Event Location: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Number of Attendees Anticipated at Event: \_\_\_\_\_

**Initial that the following have been read and reviewed:**

- \_\_\_\_\_ Applicant must provide a photocopy of both the state and county alcohol beverage licenses.
- \_\_\_\_\_ When event is held on City property, the applicant shall be required to maintain in full force and effect comprehensive general liability insurance with liability limits not less than five hundred thousand dollars (\$500,000.00) for the term of the applied for catering permit. The insurance policy shall name the City of Albion as an "additional named insured" and a copy of the certificate of insurance shall be filed with the city clerk prior to issuance of the catering permit.
- \_\_\_\_\_ The applicant or its designee is required to carry, display, or post the original catering permit issued and must be present at the approved catering permit premises during the entirety of the event.
- \_\_\_\_\_ Applicant affirms that it is eligible for, and has not disqualifications under state law or state or city regulation for an alcohol beverage catering permit.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**For City Use Only:** PER STATE LAW, PERMIT MUST BE PUBLICLY POSTED AT EVENT

Cassia County Sheriff: Approval  Denial

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk, City of Albion: Approval  Denial

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email copy to ISP ([abc@isp.idaho.gov](mailto:abc@isp.idaho.gov))