

SPECIAL EVENT ALCOHOL DISPENSING PERMIT



Event: _____

Location of Event: _____

Alcohol must not be dispensed for more than a total of five (5) hours a day during a permitted event.

Date of Event: _____ Time: _____ am pm to _____ am pm
Date of Event: _____ Time: _____ am pm to _____ am pm
Date of Event: _____ Time: _____ am pm to _____ am pm

Name of Organization/Group/Person Sponsoring the Event: _____

Address of Event Sponsor: _____

Phone: _____ Email: _____

Type of alcoholic beverage to be dispensed: Beer Wine Both

Licensee (Name on Alcohol Beverage License): _____

Address of Licensee: _____ State License No.: _____

Licensee Contact Person: _____ Phone: _____

Printed Name of Licensee

Signature of Licensee

- 1. **Liability Insurance is REQUIRED for your event to distribute alcohol**
- 2. **Two (2) security personnel are REQUIRED for your event to distribute alcohol**
- 3. **Two (2) identification checkers are REQUIRED for your event to distribute alcohol**

Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this City of Idaho Falls, Idaho Special Event Alcohol Dispensing Permit at the above designated premises, subject to provisions of Title 23, Idaho Code and Title 8, Chapter 3 of the City of Idaho Falls Code of Ordinances.

City Use Only:

State License Attached (If Outside of City Limits)

Approved Denied

Chief of Police or Authorized Representative Date

Fire Chief or Authorized Representative Date

City Clerk Date

Fee Paid: \$ _____

Date Paid: _____

Receipt # _____