



**CITY OF STAR**  
**P.O. Box 130**  
**Star, Idaho 83669**  
**P: 208-286-7247 F: 208-286-7569**

## ALCOHOLIC BEVERAGE CATERING PERMIT

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

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Phone number \_\_\_\_\_ State of Idaho Liquor License No. \_\_\_\_\_

**All applicants are required to submit the following:**

Applicant (√)	Description	Staff (√)
	Completed and signed Alcoholic Beverage Catering Permit Application	
	Fee	
	Copy of your State Liquor License.	
	Copy of Liability Insurance naming the City of Star as additionally insured.	
	Driver's License of each individual selling or serving alcohol. (copy of picture will be used for identification)	
	If the location of event is not owned by the applicant, written proof the owner consent to the service and sale of alcoholic beverages on such premises must be submitted.	
	Signed Star Police Department Background permission form for each individual.	

Permit to serve and sell: \_\_\_\_\_ Liquor by the drink  
 \_\_\_\_\_ Beer  bottle  glass  
 \_\_\_\_\_ Wine  bottle  glass

Permit to be used \_\_\_\_\_ Hours \_\_\_\_\_  
 Month Date From To

at \_\_\_\_\_,  
 Event address, including room number(s)

catering for \_\_\_\_\_.  
 Organization(s), group(s) or person(s) sponsoring the event

The sponsored event will be open to the named organization(s), group(s), or person(s) and guests for a period of \_\_\_\_\_ days, not to exceed three (3) consecutive days at a fee of twenty dollars (\$20.00) per day.

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

Unless permittee is disqualified, approval of this permit certifies that the permittee is entitled to hold and use this City of Star Alcoholic Beverage Catering Permit at the above-designated premises, not to exceed designated dates, subject to provisions of Idaho Code 23-934(A)(B).

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_  
 CITY OF STAR



CITY OF STAR  
P.O. Box 130  
Star, ID 83669  
208-286-7247 Tel 208-286-7569 Fax

### Consent to Record Search

I, \_\_\_\_\_ AKA \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HEREBY GIVE MY PERMISSION TO THE CITY OF STAR TO HAVE A POLICE RECORD SEARCH CONDUCTED IN REFERENCE TO MY APPLICATION FOR AN ALCOHOLIC BEVERAGE CATERING PERMIT.

This form expires 15 months after the date signed below.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

- A copy of a valid drivers license or identification card must be attached.

STAR CITY POLICE DEPARTMENT VERIFICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

OFFICER NUMBER \_\_\_\_\_

\*\*\*MUST BE COMPLETED AND SIGNED BY POLICE DEPARTMENT\*\*\*