City of Albion
Est. 1895

PO Box 147
225 S Main St
Albion, ID 83311
Phone 208-647-4644
Fax 208-205-9668
Email: info@albionidaho.gov Website: www.albionidaho.gov

Alcohol Beverage Catering Permit Application

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 Date: _____

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 no disqualifications under state law or state or city regulation for an alcohol beverage catering permit.

Signature of Licensee: _____ Date: _____

** PER STATE LAW, THIS PERMIT MUST BE PUBLICLY POSTED AT EVENT **

For Administrative Use Only:

Cassia County Sheriff: Approval ☐ Denial ☐

Authorized Signature: _____ Date: _____

City of Albion Clerks: Approval ☐ Denial ☐

Authorized Signature: _____ Date: _____

The City of Albion Will Email a Copy to the Idaho State Police: abc@isp.idaho.gov