

**CATERING PERMIT**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ State Liquor License No. \_\_\_\_\_ Year: \_\_\_\_\_

CATERING FOR: \_\_\_\_\_

And/or Event Name: \_\_\_\_\_

\*Catering Permit Fee is \$20.00 per day\*

Date(s):	____ - ____ - _____	Hours of Operation:	from: _____	to _____
	____ - ____ - _____		from: _____	to _____
	____ - ____ - _____		from: _____	to _____
	____ - ____ - _____		from: _____	to _____
	____ - ____ - _____		from: _____	to _____

CATERING PERMIT INFORMATION, INCLUDING A COPY OF YOUR STATE LICENSE AND THE APPROPRIATE FEE, MUST BE SUBMITTED IN TIME TO BE APPROVED IN THE SCHEDULED COMMISSIONERS MEETING BEFORE YOUR EVENT!

PLEASE SEND TO OR FOR QUESTIONS CONTACT:

Owyhee County Recorder  
PO Box 128, Murphy, Id 82650  
Phone: (208) 495-2421 fax: (208) 495-1173  
email: mpeterson@co.owyhee.id.us