



CATERING PERMIT APPLICATION

**For Sale of both Malt and Hard Liquor**

**\*Issued to Retail Liquor License holders only**

**\*Requires Council Approval – Submit at least 1 week prior to Monthly Council Meeting**

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Contact person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # (Primary contact): \_\_\_\_\_

Person responsible for identification checks: \_\_\_\_\_

Have the servers completed the Wheatland Police Department's Responsible Servers course:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ *(if "no" then must complete course prior to issuance of permit)*

If "Yes" list servers: \_\_\_\_\_

**EVENT INFORMATION:**

Type of event: \_\_\_\_\_ Purpose of Event: \_\_\_\_\_

Estimate # people: \_\_\_\_\_ Security Present: Y/N – If yes, Head of Security: \_\_\_\_\_

Location where permit will be used: \_\_\_\_\_

Band or DJ Present: Y/N If yes, Name of Band/DJ: \_\_\_\_\_

Date/s of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_ to \_\_\_\_\_

Setup Date: \_\_\_\_\_ Setup Time: \_\_\_\_\_

***\*On next page, please include a diagram of the event and be sure to note serving area, Band/DJ area (if applicable), street and building labels, etc.:***

**DIAGRAM**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

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TO BE COMPLETED BY CITY CLERK

Date of Approval/Denial: \_\_\_\_\_ License #: \_\_\_\_\_ Fee Collected: \_\_\_\_\_  
(Circle One)

\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Mayor