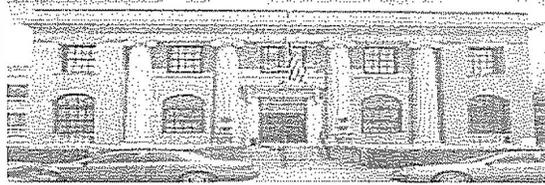




Community Development Department
200 Ridley Avenue
LaGrange, Georgia 30240
(706) 883-2054



CITY OF LAGRANGE, GEORGIA
Catering Event Permit

Request Date: _____

License Type: Alcohol and Catering Event: Beer () _____ Wine () _____ Liquor () _____
License # License# License#

Caterer Business Name: _____ Bus. License #: _____

Owner: _____ Phone: _____
(Print name)

Address of Business: _____

Event Host/Sponsor: _____

Date of Event: _____ Time of Event: _____ Duration: _____

Address of Event: _____

I certify that all information submitted is true, correct and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Event Host/Sponsor: _____

Owner of Property: _____
(If Event host or Sponsor is not the owner of the property)

() Approved () Disapproved
Attest: _____ Date: _____
City Manager or Designee