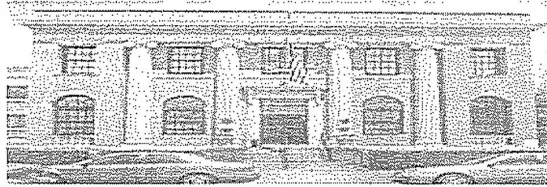




200 Ridley Avenue  
LaGrange, Georgia 30240  
(706) 883-2054



# 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: \_\_\_\_\_  
City Manager or Designee

Date: \_\_\_\_\_