

**LEWIS AND CLARK COUNTY SHERIFF'S OFFICE
SPECIAL EVENT CATERING NOTIFICATION**

LICENSEE INFORMATION

Licensee _____

License No. _____

Trade Name: _____

Address: _____

Work Phone No.: _____ *Home Phone No.:* _____

EVENT INFORMATION

Event Manager's Name _____

Work Phone No.: _____ *Home Phone No.:* _____

Event: _____

Date: _____ *Time:(beginning)* _____ *(ending)* _____

Location: _____

Reason: _____

For Office Use Only

Payment Information

Receipt of \$35.00 _____ *Check* *Check Number* _____

_____ *Cash*

Received from: _____

Receipt No. _____ *Signed* _____