



**BUTTE-SILVER BOW COUNTY SHERIFF'S OFFICE**  
**SPECIAL EVENT CATERING PERMIT**

*LICENSEE INFORMATION*

Licensee: \_\_\_\_\_

Licensee No: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Work Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

*EVENT INFORMATION*

Event Manger's Name: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: (Beginning) \_\_\_\_\_ (Ending) \_\_\_\_\_

Location: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*FOR OFFICE USE ONLY*

*PAYMENT INFORMATION*

Received from: \_\_\_\_\_

Cash \_\_\_\_\_ Check Number \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Signed: \_\_\_\_\_