

MADISON COUNTY SHERIFF'S OFFICE
NOTICE OF CATERED EVENT

Liquor License Number _____

Name of Business: _____

Name of Event: _____

Date & Time of Event: _____

Physical Address of Event: _____

Estimated number of persons attending: _____

Contact information for person in charge from business:

Name (please print): _____

Address: _____

Telephone Number: _____

(Signature) _____

ATTACH A COPY OF YOUR AUTHORIZATION TO CATER
SPECIAL EVENTS ISSUED BY THE MONTANA DEPARTMENT
OF REVENUE LIQUOR LICENSING AND \$35.00 EVENT FEE
AND RETURN THIS FORM TO:

MADISON COUNTY SHERIFF'S OFFICE
PO BOX 276
VIRGINIA CITY, MT 59755

NOTICE AND FEE MUST BE RECEIVED BY THE SHERIFF'S OFFICE AT
LEAST 1 BUSINESS DAY BEFORE THE EVENT STARTS