

**Carbon 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** _____