

Revised (03/19)  
ABCD FORM 1301CP

MS DEPARTMENT OF REVENUE  
ALCOHOLIC BEVERAGE CONTROL DIVISION  
PERMIT DEPT.  
P.O. BOX 22828  
JACKSON, MS 39225  
FAX NUMBER 601-923-7645

**NOTIFICATION OF CATERED FUNCTION-ABC CATERER'S PERMIT**

ABC Permit No. \_\_\_\_\_

Doing business as \_\_\_\_\_

I, \_\_\_\_\_ (OWNER) will be exercising the privileges of

the above listed catering permit at \_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY) (COUNTY)

on \_\_\_\_\_ during \_\_\_\_\_  
(DATE) (HOURS OF EVENT)

A copy of my current ABC Catering Permit will be posted at the event.

\_\_\_\_\_  
Owner's Signature