

Revised (11/21)

MS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
PERMIT DEPARTMENT
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