



APPLICATION FOR CATERING PERMIT

License Period: January 1, 2024 through December 31, 2024

Company Name: _____

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax Number: _____

City of St. Cloud Food Catering License #: _____

MN Tax ID Number: _____

Contact Person: _____

Contact Telephone: _____

Website Address: _____
(Posted on River's Edge Website and on Catering List)

E-Mail Address (for River's Edge Use) _____

LICENSE FEE: \$350.00 (Application submitted prior to 12/31/23)
\$700.00 (Application submitted after 1/31/24)

I have reviewed the Power Point Presentation entitled "St. Cloud River's Edge Convention Center Catering Policies and Procedures for 2024".

Submit to River's Edge: Application for Catering Permit, License Fee, Certificate of Compliance for Minnesota Workers Compensation, and Certificate of Insurance.

(OFFICE USE)

Amount Paid: _____ Check #/CC _____ Date Paid: _____

Approved by Manager: _____ Date _____

Approved by Health Dept: _____ Date _____

Parking Permit Numbers Assigned: _____