



Idaho State Police  
 Alcohol Beverage Control Bureau  
 700 S. Stratford Dr. Ste 115  
 Meridian, ID 83642  
 Ph. (208) 884-7060 Fax (208) 884-7096  
 www.isp.idaho.gov/abc

Premises File Number: \_\_\_\_\_  
 License Number: \_\_\_\_\_  
 Opening Date: \_\_\_\_\_  
 See Instruction Sheet

## Beer and Wine License Application

### 1. Application Type

- New  Transfer [ Applicant  Location]
- Change Current Application [ 'Doing Business As' Name (See #3)  Floor Plan  License Types (See #2)]

### 2. License Type and Fees *See Instruction Sheet for Fees*

- Beer \$50.00  Keg Beer to Go \$20.00
- Wine by the bottle \$100  On-Premises Consumption \$0.00
- Wine by the Glass \$100  Restaurant \$0.00

Total Fees: \_\_\_\_\_

### 3. Applicant Information

A. Applicant Name: \_\_\_\_\_  
(Individual, Corporation, LLC, Partnership or other business entity)  
 'Doing Business As' Name: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
 Business Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
(Include City, State, Zip)  
 Alternative Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Former Business Name (Transfers Only): \_\_\_\_\_

B. Applicant's Idaho State Tax Commission Seller's Permit Number: \_\_\_\_\_

#### C. Applicant's Financial Information

Business Bank Name and Address (Branch): \_\_\_\_\_  
 Persons Authorized to Sign on Account: \_\_\_\_\_ Title: \_\_\_\_\_

### 4. List sole proprietor(s) or all partners, corporate officers, directors, ten primary stockholders, LLC/LLP members/partners of the applicant. Attach a separate sheet of paper following the format below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ SSN: \_\_\_\_\_ DoB: \_\_\_\_\_  
 Idaho Resident: (Y/N) \_\_\_\_\_ If 'YES' length of residency: \_\_\_\_\_

A. Sole Proprietor(s): Married: (Y/N) \_\_\_\_ [If 'yes' provide Spouse's information by following the format below (fingerprints are required) or provide a Separate Property Agreement]

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ SSN: \_\_\_\_\_ DoB: \_\_\_\_\_  
 Idaho Resident: (Y/N) \_\_\_\_\_ If 'YES' length of residency: \_\_\_\_\_

B. Has Applicant or anyone listed on #4 ever had an alcohol license suspended, denied or revoked?

- No  Yes (Attach Explanation)

C. Has Applicant or anyone listed on #4 ever been convicted of a felony or an alcohol-related misdemeanor?

- No  Yes (Attach Explanation)

5. Has Applicant or anyone listed on #4 ever held any interest in any other business licensed for the sale of alcoholic beverages?  No  Yes [Attach Explanation - Include Premises Number]

6. Does anyone have any financial interest in the Applicant's business not previously listed on #4, including silent partners, financial loans, etc.?  No  Yes [Attach Explanation]

7. List the owner of the building where the premises is located: \_\_\_\_\_  
(Include a copy of the building lease to the Applicant OR a warranty Deed in the Applicant's name)

8. Premises Diagram/Floor Plan - No architectural blue prints - On paper no larger than 8 1/2 " x 11"  
Attach a sketch showing the entire area proposed to be licensed to sell, serve, dispense or store alcoholic beverages, including patios, decks, etc. Diagram must show all entrances, exits, offices, restrooms, kitchen facilities (if applicable), bar(s), bar backs, liquor cabinets, tables, refrigeration units, partitions, etc. and where license will be prominently displayed.

9. Affirmation: The applicant hereby swears or affirms under oath that the applicant is the bona fide owner of the business which is applying for this license and will be engaged in the sale or dispensing of beer and/or wine by the bottle and/or glass. The applicant hereby affirms that the applicant is eligible and has none of the disqualifications for a license as provided by Title 23, Chapter 9, 10, 11, 13 and 14, Idaho Code or any amendments thereto.

An application for and acceptance of a license by a retailer shall constitute consent to, and be authority for, entry by the Director or his authorized agents, upon any premises related to the licensee's business, or wherein are or should be kept, any of the licensee's books, records, ledgers, supplies or other property related to said business, and to make the inventory, check and investigations aforesaid with relation to said licensee or any other licensee. It shall also constitute consent given to the Director or his authorized agents to view, copy or investigate any documents, including state and federal income and sales tax documents, related to the business or person(s) associated with the business of selling alcohol as granted herein, as per Idaho Code sections 23-907, 23-1006 and 23-1314.

Applicant hereby acknowledges that falsifying this document or submitting any false documents for record can result in a felony conviction under Idaho Code sections 23-905 or 18-3203.

Each sole proprietor, partner, corporate officer, director, shareholder, LLC/LLP member/partner listed herein or attached hereto understands that all fingerprints submitted to ABC will be processed through the Federal Bureau of Investigation (FBI). Any determination of a person's licensure based on the criminal record received from the FBI can be challenged or corrected pursuant to Title 42, U.S.C. §14616, Article IV(c); Title 28, C.F.R. §§ 16.34 and 50.12(b) and ABC's policy.

**10. Signature Attestation:**

I/we, the applicant of this license, have read all of the above and declare under penalty of perjury that the information that I/we have provided is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Authorized Agent/Applicant's Signature                      Title                      Date

\_\_\_\_\_  
Authorized Agent/Applicant's Printed Name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public's Signature  
Residing At: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**ALCOHOL BEVERAGE CONTROL**  
**700 S. Stratford Dr. Ste 115 Meridian, ID 83642**  
**(208) 884-7060 E-Mail: ABC@isp.idaho.gov**

**INSTRUCTIONS FOR BEER AND WINE ALCOHOL BEVERAGE LICENSES**

For information regarding ABC licensing, laws, rules and frequently asked questions visit our website: [www.isp.idaho.gov/abc](http://www.isp.idaho.gov/abc).

Forms must be legible (printed or typed). Applications must be signed and notarized.

All blanks must be completed – N/A is not acceptable. Follow all instructions printed on the application. Any incomplete application will be returned to applicant. Alcohol Beverage Control Bureau has 90 days to process and investigate any application received.

Fingerprint cards must be submitted for each sole proprietor, partner, corporation officer (board of directors), and LLC member. The fee for each fingerprint card is \$34. This must be sent with the application and card(s). (Submit one check for all fingerprints, separate from the application fee). **DO NOT FOLD, TEAR OR STAPLE THE CARD(S).**

Express mail envelopes for return service will be used only when provided by the applicant. The applicant must be listed as both the sender and receiver with the postage pre-paid. ABC can no longer mail licenses using UPS due to increased charges.

All fees must accompany the application and documents. Do not mail cash. Make all checks payable to "State of Idaho".

**Completing the Application:** *Instructions follow the order of the application. Forms must be legible (printed or typed). Applications must be signed and notarized.*

- For new applications, write the proposed Opening Date in the box in the upper right hand corner of the application. This date is used to schedule the building inspection which is required to be completed before a license can be issued. If your premise is currently under construction, indicate the opening date when construction 95% complete.
  - For transfer applications, complete the box in the upper right-hand corner with all of the information from the license being transferred.
1. Application Type: Mark the appropriate box indicating the reason for the application (i.e. New applications). For transfers, mark the appropriate box for the type of transfer.
    - a. A restaurant is: A full service restaurant with kitchen facilities, a printed menu and regularly served meals prepared on-site. See I.C. §23-942(c) and IDAPA 11.05.01.010.06 for restaurant qualifications.
  2. License Type and Fees: Mark the license types that are being applied for.
    - a. Total Fees for new applications: Add the indicated fee for each license type applied for.
    - b. Total Fees for transfer applications: \$20 for each license type applied for that is currently issued. If you are applying for a new license type that is not currently issued, add the total fee as indicated to the transfer amount (i.e. adding wine by bottle to an existing beer only license totals \$120).
  3. Applicant Information: Write in all of the required information as listed. N/A is not acceptable. You must write the Idaho Seller's Permit number issued in the applicant's name by the Idaho State Tax Commission on 3B. Idaho Tax numbers or Federal EIN numbers are NOT acceptable.
  4. List of Applicants/Agents: Complete all three sections. Attach a separate sheet of paper if necessary.
- 5-10. Complete all questions with the appropriate response and information.

**Submit the entire completed application with all documents required. Use this checklist as a guide:**

- Fingerprint cards and fees (\$34) for each person listed on the application. See #4 on application.
- Current building lease or proof of ownership (warranty deed) in the name of the applicant. See #7 on application.
- Floor plan of the premise to be licensed. Do not send architectural plans or any plans on paper larger than 8 ½" x 11". See #8 on application.
- Copy of printed menu with individually priced meals (for all restaurant applicants).
- Articles of Incorporation/Organization (Corporations/LLC's) from Idaho Secretary of State's Office.
- Copy of Idaho Seller's Permit from the Idaho State Tax Commission.
- Partnership Agreement (copy) which has been filed with the Idaho Secretary of State's Office (LPs/LLPs/LLLPs).
- Fees. Make checks payable to "State of Idaho".

**NOTE: YOU ARE RESPONSIBLE TO MAINTAIN YOUR OWN COPIES OF YOUR DOCUMENTS. FAXED COPIES OF APPLICATIONS WILL NOT BE ACCEPTED.**

For other necessary license information contact your Local County and/or City Clerk, TTB (800-937-8864-Federal Tax Stamp). To register a business name contact the Idaho Secretary of State's Office at [www.sos.idaho.gov](http://www.sos.idaho.gov) for forms and information.

**City and County licenses also required**

**Revised 3/2012**