



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

Premises File Number: \_\_\_\_\_  
 License Number: \_\_\_\_\_  
 Opening Date: \_\_\_\_\_

## Certificate of Approval (COA) License Application

**1. Application Type**

- New
- Change Current Application [ 'Doing Business As' Name (See #3)]

**2. License Type and Fees**

- Certificate of Approval - \$100.00

**3. Monthly reporting will be submitted by:**

- Licensee
- Another Idaho COA licensee (list name & COA license #): \_\_\_\_\_

**4. Applicant Information**

A. **Applicant Name:** \_\_\_\_\_  
(Individual, Corporation, LLC, Partnership or other business entity)  
 'Doing Business As' Name: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
 Business Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Include City, State, Zip)

Alternative Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Former Business Name (Transfers Only): \_\_\_\_\_

B. Applicant's Federal Employee Identification Number (EIN): \_\_\_\_\_

**C. Applicant's Financial Information**

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

**5. 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Idaho Resident: (Y/N) \_\_\_\_\_ If 'YES' length of residency: \_\_\_\_\_

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

- No  Yes (If yes, attach explanation)

C. Has Applicant or anyone listed on #4 ever been convicted of any felony or any alcohol-related misdemeanor or facing any pending criminal charges?

- No  Yes (If yes, attach explanation)

5. Has Applicant or anyone listed on #4 ever held any direct or indirect interest in any other business licensed in Idaho for the importation or sale of beer, wine or liquor?

- No  Yes [If 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, private financial loans, etc.?  No  Yes [If yes, attach explanation]

**7. Affirmation:** *The applicant(s) 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 importation of malt-based products into Idaho. The applicant(s) hereby affirms that the applicant and/or each person indicated on this application or attachments thereto is/or eligible and has none of the disqualifications for a license as provided by Title 23, Chapter 9, 10, 11, 12, 13 and 14, Idaho Code, IDAPA 11.05.01 or any amendments thereto.*

*An application for and acceptance of a license by the applicant(s) 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. The application shall also constitute consent given to the Director, his agents, the sheriff of any county or other law enforcement officer, 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 the said licensee or any other licensee. The application 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 returns and any documents, associated with the person or business that are exercising the privilege of the license, as per Idaho Code sections 23-907, 23-1006 and 23-1314 and IDAPA 11.05.01.*

*Applicant(s) 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. Applicant(s) further acknowledges that they and/or each person indicated on this application or attachments understand that state law controlling alcohol beverage licensing is found at Title 23, Idaho Code (<http://legislature.idaho.gov/idstat/Title23/T23.htm>) and the Alcohol Beverage Control administrative rules, IDAPA 11.05.01 (<http://adminrules.idaho.gov/rules/current/11/0501.pdf>), and that any violation of these laws or rules can result in criminal and/or administrative sanctions, and up to and including license revocation.*

**8. Signature Attestation:**

I/we, the applicant(s) 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. I/we, the applicant(s) of this license, acknowledge and understand Idaho Code Title 23 and IDAPA that regulate licenses provided by the Idaho liquor act and do hereby agree to operate the licensed premises in conformity with these statutes and regulations.

\_\_\_\_\_  
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 BUREAU  
700 S. Stratford Dr. Ste 115 Meridian, ID 83642  
Phone: (208) 884-7060 E-Mail: [abc@isp.idaho.gov](mailto:abc@isp.idaho.gov)

**INSTRUCTIONS FOR CERTIFICATE OF APPROVAL (COA) LICENSE APPLICATION**

- Complete this application if:
  - You will be shipping malt-based product to an Idaho Wholesaler ~OR~
  - You will be shipping malt-based product to an out-of-state wholesaler who will be shipping your product into Idaho.
- For information regarding ABC licensing, laws, and rules 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.*

*Licenses will not be released until the following business day after the license has been issued.*

All blanks must be completed. Follow all instructions printed on each form. Any incomplete application will be returned to applicant. Alcohol Beverage Control Bureau has 90 days to process and investigate any application received.

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.

**Completing the application:**

1. Application Type: Mark the appropriate type of application.
2. License Type and Fees: License fee is \$100. Make checks payable to "State of Idaho".
3. Assign reporting licensee: You must identify who will be responsible for your monthly shipping reports. Only you (the licensee) or another COA wholesale licensee can report for you. This is designed to assist with companies that deliver their product to an out-of-state wholesaler who is responsible for shipments into Idaho.
4. Complete applicant information. The applicant is the Individual(s), partnership, corporation, LLC, or association that will be conducting the business.
5. 4-6. Complete all items as indicated.

Return application, check and **letter of appointment** (designating the Idaho Wholesaler that your product will be shipped to within our state). Make sure you submit the entire application, signed and notarized, to ABC at the above address.

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



# *Idaho State Police*

## *Alcohol Beverage Control*

### Letter of Appointment

Date:

Appointing Company Name:

Company Physical Address:

Company Phone #:

Company Email:

Idaho ABC License #:  
(if applicable)

Type of Business:

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Idaho Wholesaler/Importer Name:

ABC License #:

Coverage Area:

Signature: