



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*

## Certificate of Approval License Application

### 1. Application Type

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

### 2. License Type and Fees

- Certificate of Approval - *No Fee*

### 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: \_\_\_\_\_ 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: \_\_\_\_\_

### 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: \_\_\_\_\_

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. 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 and distribution of alcoholic beverages. 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 and 13, 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.

**8. 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 CERTIFICATE OF APPROVAL LICENSE APPLICATION**

- Complete this application if:
  - You are a beer producer located out of the state of Idaho AND
  - You will be shipping your manufactured beer to an Idaho Wholesaler
  
- *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:**

\* Applications for transfer or change current application only, complete the information in the box in the upper right-hand corner.

1. Application Type: Mark the appropriate type of application.
2. License Type and Fees: Mark the box next to Certificate of Approval. There is no fee for this license.
3. Complete applicant information. The applicant is the Individual(s), partnership, corporation, LLC, or association that will be conducting the business.
- 4-8. Complete the questions as indicated.

**Submit the entire completed application, signed and notarized, to ABC at the above address.**

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