



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: _____
See Instruction Sheet

Liquor License Application

1. Application Type

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

➤ **Business Opening/Transfer Date:** _____

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

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Beer \$50.00 | <input type="checkbox"/> Growlers \$0.00 | Total Fees: _____ |
| <input type="checkbox"/> Wine by the Bottle - <i>Included</i> | <input type="checkbox"/> On-Premises Consumption \$0.00 | |
| <input type="checkbox"/> Wine by the Glass - <i>Included</i> | <input type="checkbox"/> Restaurant \$0.00 | |
| <input type="checkbox"/> Keg Beer to Go \$20.00 | <input type="checkbox"/> Multi-Purpose Arena Endorsement \$0.00 | |
| <input type="checkbox"/> Liquor by the Drink: \$ _____ | | |

➤ This place of business is applying for an incorporated city liquor-by-the-drink license, **OR** per Idaho Code Title 23 Chapter 9 an exception, as listed:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Airport Restaurant | <input type="checkbox"/> Railroad | <input type="checkbox"/> Equestrian Facility | <input type="checkbox"/> Split Ownership Facility |
| <input type="checkbox"/> Theme Park | <input type="checkbox"/> Club | <input type="checkbox"/> Airline | <input type="checkbox"/> Rural Lodging Facility |
| <input type="checkbox"/> Racing Facility | <input type="checkbox"/> Common Carrier Boat | <input type="checkbox"/> X-Country Ski Resort | <input type="checkbox"/> Indian Tribe |
| <input type="checkbox"/> Year Round Resort | <input type="checkbox"/> Gondola | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Resort City |
| <input type="checkbox"/> Ski Resort | <input type="checkbox"/> Continuous Operation Facility | <input type="checkbox"/> Waterfront Resort | |
| <input type="checkbox"/> Convention Center | | | |

➤ This business is located inside or outside city limits.

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): _____

Person(s) Authorized to Sign on Account: _____ Title: _____

D. **Type of Liquor License Transfer Information:** Attach Documentation of Transfer - See Instruction Sheet

Leased New Offer: _____

Purchased - Purchase Price paid: _____

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: _____ Date of Birth: _____
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: _____ Date of Birth: _____
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 any felony, 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 interest in any other business licensed for the sale of alcoholic beverages? 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, complete explanation below]

Name: _____ Phone number: _____
(lender/partner name)

Address: _____ Ownership interest: _____
(amount, percentage)

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 blueprints - 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(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 sale or dispensing of liquor by the drink, beer, and/or wine by the bottle and/or glass. The applicant(s) hereby affirms that the applicant and/or each person indicated on this application or attachments thereto is/are 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 (<https://legislature.idaho.gov/statutesrules/idstat/Title23/>) 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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

10. 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: _____