



Alcohol Beverage License Application

Business Name: _____ Phone: _____

Business Location: _____

Business Mailing Address: _____

Applicant Name: _____ Phone: _____

Residence Address: _____

IF APPLICANT IS A PARTNERSHIP OR CORPORATION, LIST NAMES AND ADDRESSES OF PARTNERS OR OFFICERS

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Applicant Signature

Date

All applications must include: Copy of the **IDAHO STATE LICENSE** and **ADA COUNTY LICENSE**

New applications also include: Copy of ABC stamped approved Foot Print

All Licenses will expire annually on July 1 at 2:00 a.m.

ALL FEES ARE NON-REFUNDABLE

LIQUOR-BY-THE-DRINK.....	\$ 562.50	_____
(Includes On Premise Wine)		
OFF PREMISE BEER.....	\$ 50.00	_____
OFF PREMISE WINE.....	\$ 200.00	_____
ON PREMISE BEER.....	\$ 200.00	_____
ON PREMISE WINE.....	\$ 200.00	_____
CHANGE IN LOCATION OF LICENSE.....		_____
(15% OF THE ANNUAL FEE)		
TOTAL \$		_____

APPLICANT: Please be advised that bars, nightclubs, lounges, taverns, and other permanent locations where alcoholic beverages are sold, not including restaurants where the principle business is serving food, are required to procure a Special Use Permit along with an application for a liquor license permit, provided the zone in which the use is located affords the sale of alcohol. The Special Use Application may be acquired from the City's Planning Department. If there is any doubt or uncertainty whether the principle business is food, that determination will be made by the Planning Department.

OFFICE USE ONLY

License #: _____

Select License Type: New Renewal Modification

Date Fee Paid: _____

Receipt #: _____

License Printed? Yes

License Approved? Yes No

Approved By: _____

Date: _____