

ALCOHOL BEVERAGE CONTROL BUREAU
700 S. Stratford Dr. Ste 115 Meridian, ID 83642
Phone (208) 884-7060 Fax (208) 884-7096
E-Mail: ABC@isp.idaho.gov

INSTRUCTIONS FOR DIRECT SHIPPER LICENSE RENEWAL

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

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.

All fees must accompany the application and documents. Do not mail cash. Make all checks payable to **“State of Idaho”**. Credit card payment form is attached. If you are using a credit card as payment for your renewal, you may submit your renewal application and payment by email to abc renewal@isp.idaho.gov or by fax to (208) 884-7096.

Completing the Application: *Forms must be legible (printed or typed). Applications must be signed.*

1. Idaho Seller’s Permit #: This is the number assigned to you by the Idaho State Tax Commission for the payment of Idaho sales tax.
2. This information is pre-printed for you.
3. Contact Person Name, Phone and E-mail address: This is information for the current year for application and reporting contact.
4. List sole proprietor(s), all partners, corporate officers, directors, ten primary stockholders, LLC/LLP members/partners of the applicant. Complete all sections. Attach a separate sheet of paper for additional people if necessary.
- 5-8. Complete all questions with the appropriate response and information.

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

- Copy of your current state (state of origin) winery license.
- Copy of your TTB Permit
- Fees - Make checks payable to “State of Idaho” or complete the Credit Card Authorization form.

NOTE: YOU ARE RESPONSIBLE TO MAINTAIN COPIES OF DOCUMENTS.



Idaho State Police

Alcohol Beverage Control



CREDIT CARD AUTHORIZATION FORM

Please note: There is an additional processing fee of 2.5% of the total transaction for all payments made by credit or debit card. Depositing of fees does not guarantee the issuance of a license or permit. Returned payments will result in an incomplete license/permit application.

If paying by credit or debit card, please complete the following:

Name of Applicant/Business Name: _____

Doing Business As (DBA) Name: _____

ABC Premises Number (If Issued): _____

Purpose for Payment: _____

Amount: \$ _____

Credit Card Type: Visa Master Card AmEx Discover

Credit Card Number:

Expiration Date: / CVV: Zip Code (required):

Name as it appears on card: _____

Phone Number: _____

Phone number is required in case we need clarification or have questions regarding payment.

Email: _____

Signautre of Payer: _____

Required before mailing or faxing

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