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

Premises File Number: _____

License Number: _____

Wholesale 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*

□ Brewery $_____
□ Wholesaler (beer) $300.00
□ Winery $300.00 (Direct Shipper Permit Included)
□ Brewer's Pub $_____
□ Distributor (wine) $300.00
□ Importer $300.00
□ On Premises Tasting
□ Dealer $100.00

Total Fees: _____

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 Federal Tax and Trade Bureau license approval number: _____

D. 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: _____ 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 (If 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 [Attach Explanation]

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 drawings of any size - drawings should be 8½" x 11".**
Attach a sketch showing the entire area proposed to be licensed to sell, serve or store alcoholic beverages. Diagram must show all entrances, exits, offices, restrooms, 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/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.

***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.*

***NOTE: YOU ARE RESPONSIBLE TO MAINTAIN COPIES OF DOCUMENTS. FAXED COPIES OF APPLICATIONS WILL NOT BE ACCEPTED. CITY AND COUNTY LICENSES MAY ALSO BE REQUIRED before you can serve alcohol—contact your local County and/or City Clerk.** For other necessary license information, contact the Alcohol & Tobacco Tax & Trade Bureau (800-937-8864- Federal Tax Stamp) and your local County and/or City Clerk. For forms and information about registering a business name, contact the Idaho Secretary of State's Office at www.sos.idaho.gov.*

10. Signature Certification:

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. I certify under penalty of perjury pursuant to the law of the state of Idaho that the foregoing is true and correct.

_____ _____ _____
Authorized Agent/Applicant's Signature Title Date

_____
Authorized Agent/Applicant's Printed Name

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 WHOLESALE BEVERAGE LICENSE APPLICATION

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

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

Fees: All fees must accompany the application and documents. Do not mail cash. Make all checks payable to "State of Idaho".
NOTE: If your funds are deposited, they will be deposited in accordance with *Idaho Code 59-1014*. The depositing of your licensing fees does not guarantee the issuance of a license. **Credit Card Authorization Form** is available on our website

Mailing: 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 envelope.

Completing the Application: *Forms must be legible (printed or typed). Illegible applications will be returned. Applications must be signed and notarized.*

1. **Application Type**: Mark the appropriate box indicating the reason for the application (i.e. new applications). For transfers, mark the appropriate box for the type of transfer.
    a. For new applications, write the proposed Opening Date in the box in the upper right hand corner of the application. This date is used to schedule the building inspection, which is required to be completed before a license can be issued. If your premise is under construction, indicate the opening date when construction will be 95% complete.
    b. For transfer applications, complete the box in the upper right-hand corner with all of the indicated information.
2. **License Type and Fees:** Mark the license types for which you are applying.
    a. Total Fees for new applications: Add the indicated fee for each license type applied for. For Breweries or Brewer's Pubs contact ABC for the appropriate license fee.
    b. Total Fees for transfer applications: $20 for each license type applied for that is currently issued. Importer licenses are non-transferrable, therefore the full $300 license fee is required.
3. **Applicant Information:** Write in all of the required information as listed. You must write the Idaho Seller's Permit Number issued in the applicant's name by the Idaho State Tax Commission on 3B. Federal Employer Identification Numbers (EINs) are NOT acceptable.
4. **Names of individuals, partners, & officers:** All applicants must be listed. If the applicant is a registered partnership, corporation, or LLC, list all required information for all partners, officers, top ten stockholders, and LLC members, along with their titles. Attach an additional sheet if necessary. Fingerprint cards are required for each officer/partner/member/individual. Fingerprints cannot have a print date older than 150 days. Fees of **$33.25** for each submitted applicant's fingerprint card (separate from renewal fees).

5-10. Complete all items with the appropriate response and information.

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

- □ Fingerprint cards and fees ($33.25) for each person listed on the application. See #4 on application.
- □ Current building lease or proof of ownership (warranty deed) in the name of the applicant. See #7 on application.
- □ Floor plan of the premise to be licensed. **DO NOT SEND ARCHITECTURAL PLANS of** any size. See #8 on application.
- □ Articles of Incorporation/Organization (Corporations/LLC's) stamped by Idaho Secretary of State's Office.
- □ Partnership Agreement filed with the Idaho Secretary of State's Office (LP's/LLP's/LLLP's), if applicable.
- □ Fees. Make checks payable to "State of Idaho".
- □ Certificate of Annual Beer Production and Supplemental Application for Breweries (Breweries and Brew Pubs)
- □ Copy of Idaho Seller's Permit from the Idaho State Tax Commission (Wineries, Brewer's and Brew Pubs)
- □ Copy of your Federal Tax and Trade Bureau (TTB) license approval.

Idaho State Police

Alcohol Beverage Control

CREDIT CARD AUTHORIZATION FORM

*****Please note: There is an additional processing fee of 3% 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 Premise Number (If Issued): _____

Purpose for Payment: _____

_____

Amount: $ _____

_____

Credit Card Type Visa ☐ AmEx ☐

MasterCard ☐ 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.)

E-mail: _____

Signature of Payee: _____

(Required before faxing, emailing, or mailing)

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