



**Idaho State Police
ALCOHOL BEVERAGE CONTROL**

700 S. Stratford Dr. Ste 115
Meridian, ID 83642
Phone (208) 884-7060 Fax (208) 884-7096
Email: abc@isp.idaho.gov

APPLICATION FOR BEER/WINE PERMIT

MUST BE RECEIVED BY ABC NO LESS THAN 14 DAYS PRIOR TO YOUR EVENT

Check one: **Beer Permit (\$20)** **Wine Permit (\$20)** **Both Beer and Wine Permit (\$40)**

Applicant Name: _____ Federal Tax ID # (EIN): _____

Mailing Address: _____
(Address) (City) (State) (Zip Code)

Date(s) of event: _____ (Not to Exceed 3 Days) Hours of Event: _____
(Start/Finish times - include a.m. or p.m.)

Location of event: _____
(Address) (City) (County) (Zip)

Name of Event: _____

Number of attendees expected to attend your event: _____

Is the location of the event inside city limits? Yes _____ No _____

Purpose: _____

Proceeds will be donated to: _____

BEER RECEIVED FROM	DONATED (D) PURCHASED (P)	WINE RECEIVED FROM	DONATED (D) OR PURCHASED (P)

THE FOLLOWING IDAHO RETAIL/WINERY/BREWERY LICENSEE(S) WILL BE ASSISTING WITH THE SERVICE, SALE, OR DISTRIBUTION OF ALCOHOLIC PRODUCT DURING THIS EVENT. IF NOT IDENTIFIED BELOW, I UNDERSTAND THAT NO ADDITIONAL RETAILER MAY ASSIST WITH THIS EVENT AND ANY PRODUCT PROVIDED BY THEM MUST BE SERVED BY A REPRESENTATIVE OF THE NON-PROFIT ORGANIZATION.

RETAILER	PREMISE # / LICENSE #	PHONE NUMBER	EMAIL ADDRESS

I HEREBY CERTIFY THAT THE APPLICANT LISTED ABOVE IS NOT OTHERWISE LICENSED IN THE STATE OF IDAHO TO SELL ALCOHOLIC BEVERAGES AND THE PROCEEDS FROM THIS EVENT WILL BE DONATED FOR BENEVOLENT, CHARITABLE, OR PUBLIC PURPOSES. I CERTIFY UNDER PENALTY OF PERJURY PURSUANT TO THE LAW OF THE STATE OF IDAHO THAT THE FOREGOING IS TRUE AND CORRECT. **I ALSO ACKNOWLEDGE THAT ALL DONATED, UNUSED PRODUCT MUST BE RETURNED TO THE DONATING RETAILER/DISTRIBUTOR/WHOLESALE/INDIVIDUAL FOLLOWING THIS EVENT.**

Applicant's Signature _____ Title _____ Date _____

Applicant's Printed Name _____ Phone Number _____

Email Address _____



Idaho State Police

Alcohol Beverage Control



CREDIT CARD AUTHORIZATION FORM

*****Please note: There is an additional processing fee of 3% of the total transaction plus \$1.00, 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)

Phone: (208) 884-7060
Fax: (208) 884-7096
700 S. Stratford Dr., Ste. 115
Meridian, ID 83642