



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: \_\_\_\_\_  
*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                        | <b>Total Fees:</b> _____ |
| <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  Back to Lessor  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 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 LIQUOR-BY-THE-DRINK ALCOHOL BEVERAGE LICENSES**

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

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

1. **Application Type:** Mark the appropriate box indicating the reason for the application (e.g., new applications, transfer, change current).
    - a. For new applications, write the proposed opening date on the "Business Opening/Transfer Date" line. This date is used to schedule the building inspection, which must be completed before a license can be issued. If your premises is currently under construction, use the date when construction will be 95% complete as the opening date.
    - b. For transfers, mark the "Transfer" box, the box indicating which type of transfer, and write the anticipated transfer date on the "Business Opening/Transfer Date" line.
      - i. Complete the box in the upper right-hand corner with the requested information from the license being transferred.
    - c. To change a current application, mark the "Change Current Application" box and the box indicating what you are changing.
    - d. A restaurant is: A full service restaurant with kitchen facilities, a printed menu, and regularly served meals, prepared on-site. See I.C. §23-942(c) and IDAPA 11.05.01.010.06 for restaurant qualifications.
  2. **License Type and Fees:** Mark each license type you are applying for.
    - a. Total Fees for new applications: This is the total of the indicated fees for each license type applied for. Liquor fees vary.
    - b. Total Fees for transfer applications: The fee for transferring a liquor license through a lease is half of the annual fee; through a purchase is 10% of the purchase price of the license or goodwill, whichever is greater, plus \$20 for each transfer of the beer licenses (beer and keg beer).
    - c. Type of Business: If not an incorporated city license, mark the appropriate box for the type of business operated. See Idaho Code Title 23 Chapter 9 for definitions.
    - d. Location of Business: inside or outside the incorporated city limits.
  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.
    - a. Type of Liquor License Transfer Information: If the applicant is purchasing the license, attach copies of the Purchase & Sales Agreement AND Bill of Sale stating the price paid for the license. If the transfer is through a lease of license, attach a copy of the signed license lease agreement. For other transfers, attach a copy of the documentation showing transfer (divorce decree, court order, death certificate, etc.).
  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 any additional information requested.

**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 premises to be licensed. Do not send architectural plans of any size. See #8 on application.
- For restaurant applicants only: Copy of printed menu with individually priced meals.
- Articles of Incorporation/Organization (Inc's/LLC's) with date stamp from Idaho Secretary of State's Office.
- Copy of Idaho Seller's Permit from the Idaho State Tax Commission.
- Partnership Agreement filed with the Idaho Secretary of State's Office (LP's/LLP's/LLLP's), if applicable.
- Liquor license applications must include a liquor license lease agreement OR signed liquor license purchase and sales agreement and an executed bill of sale.
- Fees - Make checks payable to "State of Idaho".

**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.**

- To register a business name, contact the Idaho Secretary of State's Office at [www.sos.idaho.gov](http://www.sos.idaho.gov) for forms and information.



# 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 Premises 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 mailing or faxing)  
**Electronic signatures will not be accepted**

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