



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

Incorporated City Priority List Liquor License Application

1. City and County for the proposed license: _____

2. License Type and Fees Application Fee Enclosed \$ _____

Business must be located within the incorporated city limits of the city being applied for.

3. Applicant Information

Applicant Name: _____

(Applicant Name: Individual(s), Corporation, LLC, or Partnership)

Mailing Address: _____

City, State, Zip: _____ E-Mail: _____

Daytime Telephone: _____ Nighttime Telephone: _____

Federal or State Tax I.D. Number for Corp., LLC, or Partnership: _____

SSN for Individual(s)/Sole Proprietor(s): _____

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: _____ DOB: _____

Idaho Resident: (Y/N) _____ If 'YES' length of residency: _____

5. Read the following and sign.

The applicant hereby swears or affirms under oath that the applicant is the bona fide owner of the business which will be engaged in the sale or dispensing of liquor by the drink, beer, and/or wine by the bottle and/or glass upon issuance of the license. The applicant hereby affirms that the applicant is eligible and has none of the disqualifications for a license as provided by Title 23, Chapters 9, 10, 11, 13 and 14, Idaho Code or any amendments thereto. Applicant 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 and the Alcohol Beverage Control administrative rules found at IDAPA 11.05.01, and that any violation of these laws or rules can result in criminal and/or administrative sanctions, and up to and including license revocation.

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 or Applicant's Signature Title Date

Authorized Agent/Applicant's Printed Name

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INSTRUCTIONS FOR PRIORITY LIQUOR WAITING LIST

- Forms must be legible (Print or Type)
- All blanks must be completed. Follow all instructions printed on each form. An incomplete application will be returned.
- All forms must be signed.
- Fees must accompany the application. Do not mail cash.

Completing the application: *Instructions follow the order of the application.*

1. City and County for the proposed license: Write the city and county that you would like to be issued a license for.
2. License Type and Fees: The fee for the future liquor waiting list is 1/2 the annual renewal fee for the liquor license in the city for which you are applying for. Ex. Boise City - \$375 (\$750 annual). McCall - \$250 (\$500 annual).
3. Applicant Information: Write in all of the required information as listed. N/A is not acceptable.
 - a. Applicant means: Individual(s), partnership, corporation, LLC, or association that will be conducting the business
4. List of Applicants/Agents: List all persons associated with the applicant. Follow the format listed and attach a separate sheet of paper if necessary.
5. Read and sign.

Upon receipt of your completed application, your name will be entered at the bottom of the waiting list for the city you chose.

Licenses are issued by increase in the population. ABC receives estimated population statistics from the Dept. of Commerce/US Census Bureau each year and actual population statistics every 10 years. Licenses are offered to applicants starting at the top of the list.

Payments may be made in the form of check, money order, credit/debit card (with fee), or cash. Please make checks and money orders payable to State of Idaho. The [Credit Card Authorization Form](#) can also be found on our website

In order to assist ABC in notifying you when you are at the top of the list, you must notify our office in writing if you have a change of address. If we cannot locate you to offer you a license, your name will be removed and deposit refunded.

A list is not maintained for cities that are not incorporated or that do not allow the sale of liquor.

For more information see IDAPA Rules 11.05.01.013.



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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)

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