

Idaho State Police

Alcohol Beverage Control 700 S. Stratford Dr. Ste 115 Meridian, ID 83642 Phone: (208) 884-7060

AFFIDAVIT - RELEASE OF LICENSE

I/we, the undersigned, regarding herein na	med license:
Premises ID No.:; License	e ID No.:
doing business as	, located in the city of
County of	, State of Idaho, transferred on this day of
20, the use of said license to the follow	ving person(s) or entity (new applicant name(s)):
Name	Address
Name	Address
Name	Address
DISCLAIMER: This affidavit cannot be const	trued to affect any agreements between assignor(s) and assignee(s).
Assignor's Signature(s):	
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On thisday of the State of, personally	20, before me, the undersigned, a notary public in and for appeared
known to me to be the person(s) whose na that (s)he/they executed the same.	ame(s) is/are subscribed to the foregoing instrument and acknowledged to me
(Seal)	Notary Public Residing at
	My Commission Expires