



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 named license:

Alcohol License No.: _____; Premises 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 following person(s) or entity (new applicant name(s)):

Name Address

Name Address

Name Address

DISCLAIMER: This affidavit cannot be construed to affect any agreements between assignor(s) and assignee(s).

Assignor's Signature(s): _____

On this _____ day of _____, 20____, before me, the undersigned, a notary public in and for the State of _____, personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that (s)he/they executed the same.

(Seal)

Notary Public
Residing at _____
My Commission Expires _____