



**Idaho State Police**  
**Alcohol Beverage Control**  
 700 S. Stratford Dr. Ste 115  
 Meridian, ID 83642  
 (208) 884-7060

**Priority Waiting List Application**

1. City and County for the proposed license: \_\_\_\_\_

2. License Type and Fees: \_\_\_\_\_  Application Fee Enclosed \$ \_\_\_\_\_

- a.  Incorporated City
- b.  Resort City Restaurant (*applicable only to designated resort cities*)

**3. Applicant Information:**

a. Applicant Name: \_\_\_\_\_  
 (Applicant Name: Individual(s), Corporation, LLC, or Partnership)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

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

SSN for Individual(s)/Sole Proprietor(s): \_\_\_\_\_

**4. List all partners, corporate officers, directors, ten primary stockholders, LLC/LLP members/ partners and/or sole proprietors of the applicant. Attach a separate sheet of paper following the format:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Idaho Resident: (Y/N) \_\_\_\_\_

**5. Read the following attestation and sign below:**

*The applicant hereby swears or affirms under oath that the applicant will be 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.

\_\_\_\_\_  
 Applicant's Signature Title Date

\_\_\_\_\_  
 Applicant's Printed Name

ALCOHOL BEVERAGE CONTROL  
700 S. Stratford Dr. Ste 115  
Meridian, ID 83642  
(208) 884-7060  
ABC@isp.idaho.gov

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. 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. A Credit Card Authorization Form is attached for convenience.
- If you pay by check and it is returned as Non Sufficient Funds, you will be subject to additional fee, criminal prosecution, and the application will be returned as incomplete.

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

1. **City and County for the proposed license:** Write the city and county of the list you want to be added to.
  2. **License Type and Fees:**
    - a. The fee for the priority liquor waiting list is half (1/2) the annual renewal fee for the liquor license endorsement in the city for which you are applying for. I.e. Boise City - \$375 (\$750 annual). McCall - \$250 (\$500 annual).
    - b. Select only one license type.
  3. **Applicant Information:** Complete all required information fields. 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 of the incorporated city limits. 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.
  - 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 non-resort cities or cities that are not incorporated, or those that do not allow the sale of liquor.
  - Offers are mailed every year, if possible, approximately the end of July, or early August.

*For more information see IDAPA Rules 11.05.01. The link is provided on the ABC website at [isp.idaho.gov/abc](http://isp.idaho.gov/abc).*



# Idaho State Police

## Alcohol Beverage Control



### CREDIT CARD AUTHORIZATION FORM

**\*\*\*Please note: There is an additional processing fee of 2.5% of the total transaction 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature of Payee:** \_\_\_\_\_

**Required before mailing, emailing, or faxing**

Phone: (208) 884-7060 Fax:  
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