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 with same 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). Ponderay - $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.

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CREDIT CARD AUTHORIZATION FORM

*****Please note: There is an additional processing fee of 2.5% plus $1.00 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: (208) 884-7096
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