

Idaho State Police Alcohol Beverage Control Bureau 700 S. Stratford Dr. Ste 115 Meridian, ID 83642 Phone (208) 884-7060 Fax (208) 884-7096 Email: abc@isp.idaho.gov

currently facing any pending criminal charges?

□ No □ Yes (If yes, attach explanation)

Premises ID Number:	
License ID Number:	

5/2025

Wholesale License Application

□ New □ Transfer [□ Applicant □ Locati		El 81 11 E (5 112)
☐ Change Current Application [☐ 'Doin	ng Business As' Name (See #3) □	Floor Plan License Types (See #2)]
Business Opening/Transf	fer Date:	
License Type and Fees See Instructio	on Sheet for Fees	
Brewer\$	☐ Distributor (wir	ne) \$300.00
Wholesaler (beer) \$300.00	☐ Importer \$300.	
Winery \$300.00 (Direct Shipper Permit	☐ Bonded Wareh	
ncluded)	□ Dealer \$100.00	Total Fees:
Applicant Information		
A. Applicant Name: (Individual, Corpora		
(Individual, Corpora	ation, LLC, Partnership, or other business	Rucinoss Phone No :
		Business Phone No.:
		Zip:
(Include City, State, Zip)		
		ail Address:
C. Applicant's Federal Tax and Trad	de Bureau license approval n	
 C. Applicant's Federal Tax and Trad D. Applicant's Financial Information Business Bank Name and Addre 	de Bureau license approval n	umber:
 C. Applicant's Federal Tax and Trad D. Applicant's Financial Information Business Bank Name and Addre 	de Bureau license approval n	umber:
C. Applicant's Federal Tax and Trad D. Applicant's Financial Information Business Bank Name and Addre Persons Authorized to Sign on A List all corporate officers, partn /LLPs, or sole proprietors. (Attack Name:	de Bureau license approval n ess: Account: ners, directors, up to ten h a separate sheet of pape	Title: Title: Primary stockholders, or members of er following the format below.)
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5. Has Applicant or anyone listed on #4 everal alcoholic beverages? □ No □ Yes (If yes, attach e	<u>-</u>	•
6. Does anyone have any financial interest including silent partners, private financial lo		•
7. List the owner of the building where the	premises is located:	
(Include a copy of the building lease to the Applicant 8. Premises Diagram/Floor Plan – No archi Attach a sketch showing the entire area proposed must show all entrances, exits, offices, restrooms	t OR a warranty deed in the A tectural drawings of any to be licensed to sell, serve	pplicant's name) size – drawings should be 8½" x 11". e, or store alcoholic beverages. The diagram
It is the responsibility of the Applicant/Licensee, prio complies with applicable city or county codes, ordina type of alcohol license and endorsements being requ	nces, and zoning requiremen	
9. <u>Affirmation:</u> The applicant(s) hereby swears or applying for this license and will be engaged in the sale of the applicant(s) hereby affirms that the applicant and/or has none of the disqualifications for a license as provided amendments thereto.	or dispensing of liquor by the dr each person indicated on this a	rink, beer, and/or wine by the bottle, and/or glass. Inpplication or attachments thereto is/or eligible and
An application for and acceptance of a license b		
Director or his authorized agents, upon any premises rela licensee's books, records, ledgers, supplies or other prope aforesaid with relation to said licensee or any other licens the sheriff of any county, or other law enforcement officer kept, any of the licensee's books, records, ledgers, supplie investigations aforesaid with relation to the said licensee	erty related to said business, and see. The application shall also co r, upon any premises related to es or other property related to so or any other licensee.	d to make the inventory, check and investigations constitute consent given to the Director, his agents, the licensee's business or wherein are or should be aid business, and to make the inventory, check and
The application shall also constitute consent given to the including state and federal income and sales tax returns a privilege of the license, as per Idaho Code sections 23-907	nd any documents, associated w	vith the person or business that is exercising the
conviction under Idaho Code sections 23-905 or 18-3203. application or attachments understand that state law collegislature.idaho.gov/statutesrules/idstat/title23/) and tadminrules.idaho.gov/rules/current/11/110501.pdf) and	Applicant(s) further acknowled ntrolling alcohol beverage licen he Alcohol Beverage Control ad that any violation of these law.	sing is found in Title 23, Idaho Code (https:// ministrative rules, IDAPA 11.05.01 (https://
administrative sanctions, and up to and including license Applicant Notification and Record Challenge: Y have the opportunity to complete or challenge the accur obtaining a change, correction, or updating an FBI identij	our fingerprints will be used to according to the information contained to the information contained to the	
NOTE: YOU ARE RESPONSIBLE TO MAINTAIN CO before you can serve alcohol—contact your local County Tobacco Tax & Trade Bureau (800-937-8864- Federal Tax registering a business name, contact the Idaho Secretary	and/or City Clerk. For other ne Stamp) and your local County o	cessary license information, contact the Alcohol & and/or City Clerk. For forms and information about
I/we, the applicant(s) of this license, acknowledge by the Idaho Liquor Act and do hereby agree to operate to under penalty of perjury pursuant to the law of the state	he licensed premises in conform	
10. Signature Certification:		
Authorized Agent/Applicant's Signature	Title	Date
Authorized Agent/Applicant's Printed Name		5/2025

ALCOHOL BEVERAGE CONTROL BUREAU 700 S. Stratford Dr. Ste 115 Meridian, ID 83642

Phone: (208) 884-7060 Fax: (208) 884-7096 E-Mail: abc@isp.idaho.gov

INSTRUCTIONS FOR WHOLESALE BEVERAGE LICENSE APPLICATION

For information regarding ABC licensing, laws, rules, and frequently asked questions visit our website: www.isp.idaho.gov/abc

All blanks must be completed. Follow all instructions printed on the application. Any incomplete application will be returned to the applicant. Alcohol Beverage Control Bureau has 90 days to process and investigate any application received.

Fees: All fees must accompany the application and documents. 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 <u>Credit Card Authorization Form</u> is available on our website

If you pay by check and it is returned as Non Sufficient Funds, you will be subject to additional fees and criminal prosecution and the application will be incomplete.

<u>Mailing:</u> Express mail envelopes for return service will be used only when provided by the applicant. The applicant must be listed as <u>both</u> the sender and receiver with the postage pre-paid envelope.

Completing the Application: Forms must be legible (printed or typed). Illegible applications will be returned. Applications must be signed.

- 1. <u>Application Type</u>: Mark the appropriate box indicating the reason for the application (i.e., new applications). For transfers, mark the appropriate box for the type of transfer.
 - a. For new applications, write the proposed Opening Date in the relevant field of the application. This date is used to schedule the building inspection, which is required to be completed before a license can be issued. If your premise is under construction, indicate the opening date when construction will be 95% complete.
 - b. For transfer applications, complete the box in the upper left-hand corner with all of the indicated information.
- 2. License Type and Fees: Mark the license types for which you are applying.
 - a. Total Fees for <u>new</u> applications: Add the indicated fee for each license type applied for. For Breweries or Brewer's Pubs, complete the attached form entitled "Certificate of Annual Production", and calculate the fees accordingly.
 - b. Additionally, for Breweries and Brewer's Pubs, please complete the attached Supplemental Form.
 - c. Total Fees for <u>transfer</u> applications: \$20 for each license type applied for that is currently issued. Importer licenses are non-transferrable, therefore the full \$300 license fee is required.
- 3. <u>Applicant Information:</u> Write in all of the required information as listed. You must write the <u>Idaho Seller's Permit Number</u> issued in the applicant's name by the Idaho State Tax Commission in Section 3B. <u>Federal Employer Identification Numbers (EINs) are not acceptable.</u>
- 4. Names of individuals, partners, and officers: All applicants must be listed. If the applicant is a registered partnership, corporation, or LLC, list all required information for all partners, officers, top ten stockholders, and/or LLC members, along with their titles. Attach an additional sheet if necessary. Fingerprint cards are required for each officer/partner/member/individual. Fingerprints should not have a print date older than 150 days. Background check Fees are \$33.25 per person providing a fingerprint card.
- **5-10** Complete all items with the appropriate response and information.

Submit the entire completed application with all documents required. Use this checklist as a guide:

- □ Fingerprint cards and fees (\$33.25) for each person listed on the application. See #4 on application.
- Current building lease or proof of ownership (warranty deed) in the name of the <u>applicant</u>. See #7 on application.
- Floor plan of the premises to be licensed. **DO NOT SEND ARCHITECTURAL PLANS of** any size. **See** #8 on application.
- $\begin{tabular}{ll} \square & Articles of Incorporation/Organization (Corporations/LLCs) stamped by the Idaho Secretary of State's Office. \\ \end{tabular}$
- □ Partnership Agreement filed with the Idaho Secretary of State's Office (LPs/LLPs/LLLPs), if applicable.
- ☐ FeeS Make checks payable to "State of Idaho".
- □ Certificate of Annual Beer Production
- Copy of Idaho Seller's Permit from the Idaho State Tax Commission (Wineries, Breweries, and Brew Pubs)
- □ Copy of your Federal Tax and Trade Bureau (TTB) permit approval.
- □ Copy of "City-County Approval of Wholesale Location" form.

It is the responsibility of the Applicant/Licensee, prior to submitting an application to the ABC, to ensure that the premises complies with applicable city or county codes, ordinances, and zoning requirements. This includes business qualifications for the type of alcohol license and endorsements being requested.

^{*}Note: For beer and wine manufacturers, you must first obtain a health and a TTB (Tax and Trade Bureau) permit before beginning the manufacturing process. Check with your local district health department and with the TTB before applying for licensing.



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City/County Approval of Wholesale Location

The following city OR county (if not within the city limits) entity has approved this location for the declared wholesale purpose.

*Note: ABC Policy does not allow for the licensing of residential dwellings and/or attached garages for the purpose of beer and wine manufacturing.

It is the responsibility of the Applicant/Licensee, prior to submitting an application to the ABC, to ensure that the premises complies with applicable city or county codes, ordinances, and zoning requirements. This includes business qualifications for the type of alcohol license and endorsements being requested.

Licensee: _					
Location wi	thin the city limits	? YesNo	_		
Location: _					
		Street	City	State	Zip
County					
Р	urpose: Brewery	Winery _	 Distribut	or/Wholesa	ler
		e has been approve bhol Beverage Cont			
City/Count	y Development Of	ficial Signature		Date	
Official's T	itle	Phone Number	Eı	mail address	;



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Certificate of Annual Beer Production

I hereby certify that my brewery annually produces:

	Brewery Licen	see/Owner
□930,000 gallons or more	\$500.00	license fee
□ 100,000 to 930,000 gallons	\$200.00	license fee
□10,000 to 100,000 gallons	\$100.00	license fee
□under 10,000 gallons	\$50.00	license fee



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 Master Card AmEx 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.
Email:
Signautre of Payer:

Required before mailing or faxing

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