

CANYON COUNTY
LIQUOR LICENSE APPLICATION

(PLEASE CHECK ONE)

NEW

TRANSFER (__ APPLICANT __ LOCATION)

1. NAME OF BUSINESS:

(INDIVIDUAL, CORPORATION, LLC , PARTNERSHIP OR OTHER BUSINESS
ENTITY)

2. DOING BUSINESS AS:

3. MAILING ADDRESS:

4. PHYSICAL ADDRESS OF BUSINESS

5. BUSINESS PHONE: (____) _____

APPLICANT PHONE: (____) _____

Type of license

Beer – Select one (1) box and pay that fee:

\$25.00 Bottled and canned, consumed **OFF premises.**

\$75.00 Bottled and canned, consumed **ON premises.**

\$100.00 DRAFT, bottled and canned, consumed **ON premises and Off premises.**

BEER TOTAL \$ _____

Liquor by the drink -**This fee covers wine.**

Select one (1) box and pay that fee

(Do NOT pay wine fee if you have liquor):

\$75.00 Notus

\$125.00 Parma

\$187.50 All other cities

LIQUOR TOTAL \$ _____

Wine – **Do NOT select if Liquor by the drink is checked**

Otherwise, select the box and pay that fee:

\$100.00 Wine

WINE TOTAL \$ _____

TOTAL COST \$ _____

TRANSFER FEES:

Choose the boxes that apply

BEER \$5.00

LIQUOR \$10.00 - This fee covers wine fee (Do NOT pay wine fee if you have liquor)

WINE \$5.00

TOTAL TRANSFER FEE COST \$_____

Additional information, **ONLY** for:

Transfer of license holders

Change in facility location

Change in services offered and/or

Change in business name

Transfer of license from one owner to another

Previous Owner Name: _____

Previous Business Address: _____

New Owner Address: _____

New Business Address: _____

Change in business location (current license holder moved to new facility)

Old Address _____

New Address _____

Change in services offered (added or removed services from last year's license)

Added a Beverage Service _____

Removed a Beverage Service _____

Change in business name (current license holder changed name of business)

Old Business name _____

New Business name _____

Other Parties with Financial Interests:

Please list any other parties not already listed above that have any financial interest in business applying for Alcohol License

Title	Name	Address

If Applicant is Sole Proprietor - Please fill out the following

Name	Officer Address	Date of Birth	U.S. Citizen?	Years In U.S.	Idaho Resident?	Years In Idaho

7.) Are you the owner of the building where the premises is located?

- Yes If "Yes" please include a copy of the deed
 No If "No" please include a copy of the lease agreement.

8.)

A.) Have you, any partners or the actual manager of the applicant business, been convicted of a felony crime in the last five years?

- Yes No

B.) Or, been granted a withheld judgment for any crime defined as a felony by that jurisdiction?

- Yes No

If answered yes please describe:

Date: _____

Location _____

9.) Have you, any partner or the actual manager, ever been convicted of any violation of Federal or State laws or regulations governing or prohibiting the sales of alcohol beverages?

- Yes No

10.) Within the last two (2) years have you, any partner or actual manager, suffered the forfeiture of a bond for your appearance to answer charges pertaining to violations of Federal or State laws or regulations governing or prohibiting the sale of alcohol beverages?

- Yes No

11.)

A.) Have you, any partner or the actual manager, ever been convicted of driving a motor vehicle under the influence of alcohol, drugs or any other intoxicating substance?

- Yes No

If you answered "Yes" to the above please answer the following:

1.) Name and date(s) of conviction(s)?

3.) Have all fines and court costs associated with the conviction(s) been paid?

Yes No

4.) Is this person(s) still on probation or parole for the conviction(s)?

Yes No

12.) Have you, any partner or actual manager, ever been convicted or been given a withheld judgment in any Federal or State court for any crime involving possession or distribution or any controlled substance?

Yes No

13.) Have you ever had a similar alcohol beverage license revoked by Canyon County, the State of Idaho, or any other county or state?

Yes No

14.) Have you obtained all necessary permits and inspections for the proposed premises and do the proposed premises comply with all the laws, regulations, and Ordinances of Canyon County and the State of Idaho relating to health, safety, building codes, fire codes, and planning and zoning?

Yes No

I hereby swear, under the penalty of perjury, that the above information I provided in this application is true and accurate to the best of my knowledge. I further swear that I have verified that the premises for which I propose to obtain this license is in compliance with all state and local laws and regulations concerning health, safety, building codes, fire codes, and planning and zoning. I further understand and agree that should any changes to the premises, circumstances, or requirements to hold this license occur after submitting this application, I will immediately file a written report documenting those changes with Canyon County.

Printed Name of Applicant

Signature of Applicant

____/____/_____
Date

State of _____
County of _____ County

On this _____ day of _____ in the year 20____, before me _____, a notary in the State of _____, Personally appeared _____ known to me (or Proved to me) to be the person or persons whose name is subscribed to within the instrument and acknowledged to me that (he/she) executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate above written.

Notary Public for Idaho

(SEAL)

My Commission Expires: _____