

ADA COUNTY ALCOHOL BEVERAGE LICENSE APPLICATION
(Ada County Ordinance Title 4, Ch. 3)

APPLICATION: New Transfer Renew DATE: _____

BUSINESS DBA: _____ Phone Number _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____ Phone Number _____

ADDRESS: _____

Email: _____

I, _____
(Name of applicant: for self, or on behalf of partnership, corporation or association), **UNDER OATH, hereby make application for a license to retail:**

- Beer: *Select one only:***
 - \$ 25.00 Bottled or canned beer **NOT** to be consumed on premises
 - \$ 75.00 Bottled or canned beer **TO BE** consumed on premises
 - \$100.00 Draft beer and/or canned and/or bottled beer (on or off premises)
- Wine: *Select one only:***
 - \$100.00 Retail Wine
 - \$100.00 Wine by the Drink
- Liquor by the Drink (*Wine is included in liquor fees*):**
 - \$187.50 Boise City
 - \$187.50 Eagle City
 - \$187.50 Garden City
 - \$187.50 Meridian City
 - \$187.50 Kuna City
 - \$187.50 Star City
 - \$100.00 Racing Facility
 - \$100.00 Eligible Golf Course
- Transfer:**
 - \$ 5.00

Further, that I am: (*one of the following*):

- The owner of the above-named business to be licensed
- A partner and owner of the above-named business to be licensed
- The active manager of the above-named business to be licensed as a corporation, partnership, or association
- An officer or director of the above-named corporation to be licensed

If applying for a transfer of an existing active license, complete the following:

Name of current license owner (Individual name or business):

Address of current licensed premises:

Business address of current premises (if different from above):

Name of new license owner:

IF AN INDIVIDUAL, please complete the following:

Name: _____

Address: _____

SS#: _____ Date of Birth: _____

Resident of Idaho: Yes _____ No _____ Length of residency: _____

Possess documentation of US legal residency: Yes _____ No _____

I have paid in full all court ordered fines and/or restitution in connection with said felony or any other court case within the jurisdiction of the 4th judicial district of Idaho. Yes _____ No _____

Explain: _____ (attach additional pages, as needed.)

IF A PARTNERSHIP, complete the following:

Name of Partnership: _____

Partnership agent: _____

Agent Address: _____

Name of each partner:

Address of each partner:

Name and address of one partner who has been resident of Idaho at least thirty (30) days immediately preceding the date of this application, is at least 21 years of age and has documentation of US legal residency:

Name: _____

Address: _____

IF A CORPORATION, LLC OR ASSOCIATION, complete the following:

Name of corporation/association: _____

Type of business entity: _____

Date of organization in Idaho: _____

Names of officers and members of the governing board and principal stockholders of the applicant corporation/association:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

(Attach additional pages, as needed.)

Name and address of Manager of the business selling alcoholic beverages who has been a resident of Idaho at least thirty (30) days immediately preceding the date of this application, is at least 21 years of age and has documentation of US legal residency:

Name: _____

Address: _____

IF A FOREIGN CORPORATION, complete the following (In addition to Corporation or Association):

The above-named corporation is duly qualified to do business in Idaho: Yes_____ No_____

Name of Idaho agent: _____

Address of Idaho agent: _____

ALL APPLICANTS (individuals or representatives of businesses) please complete the following:

Have you or any partner or corporate officer or governing board member, within in the past five (5) years immediately preceding the filing of this application, been convicted of any felony or completed any sentence of confinement for said felony within the past five (5) years.

Yes___ No___ Explain:_____ (attach additional pages, as needed).

Have you or any partner or corporate officer or governing board member, within the three (3) years immediately preceding the filing of this application, been convicted or paid any fine, received a deferred sentence or withheld judgment, suffered the forfeiture of a bond for failure to appear, or completed any sentence of confinement for the violation of any law or regulation of the state of Idaho, any other local or state government, or of the United States regulating, governing or prohibiting the sale, manufacture, transportation or possession of alcoholic beverages or intoxicating liquors.

Yes___ No___ Explain:_____ (attach additional pages, as needed.)

Have you or any partner or corporate member, officer or governing board, within the three (3) years immediately preceding the filing of this application, had any license revoked, which was issued by any county or city of this state, by any state, including Idaho, or by the United States, to sell, manufacture, transport or possess alcoholic beverages or intoxicating liquors.

Yes___ No___ Explain:_____ (attach additional pages, as needed.)

Have you or any partner or corporate officer or governing board member, ever engaged in the operation of, or have a financial interest in, any house or place for the purpose of prostitution, or been convicted of any crime or misdemeanor opposed to decency or morality.

Yes___ No___ Explain:_____ (attach additional pages, as needed.)

List the names and addresses of all persons who have any financial interest in any business to be carried on, in or upon the licensed premises, whether such interest results from open loans, mortgages, conditional sales contracts, trusts or any other basis other than open trade accounts incurred in the ordinary course of business, and the amounts of such interest:

Name:	Address:	Amount of Interest:
_____	_____	\$ _____
_____	_____	\$ _____

(Attach additional pages, as needed.)

Unincorporated Areas Only:

The entrance to the premises is within three hundred (300) feet of the entrance of any public school or church or other place of worship. Yes_____ No_____

A Certificate of Zoning has been issued by the Ada County zoning department. Yes_____ No_____

(Attach copy)

Unincorporated Area Only:

If this application is for a new establishment, which was not licensed the previous year by Ada County, the written consent of at least 75% of the resident property owners or occupants of properties within a radius of 1,000 feet of any part of the premises upon which alcoholic beverages are to be sold for consumption, with said signatures not more than 180 days old, is submitted with this application.

Yes _____ No _____ Explain: _____

CONDITIONS:

1. Should a license be issued pursuant to this application, such license shall expire at 1:00 a.m., May 1, of the following year and may be renewed, upon re-application.
2. A transfer of a license for the sale of alcohol beverages shall not authorize transferee to retail sales of alcoholic beverages, except by application to and approval of the transfer by the Board of Commissioners of Ada County.
3. Application must be accompanied by requisite fees and all required documentation.
4. Application for and issuance of an Alcohol Beverage License is applicant's consent to allow the Ada County Sheriff, the Ada County Board of Commissioners, and/or the Ada County Prosecuting Attorney's Office, to conduct background investigations, to make inspections, and to determine compliance with ordinances and state laws regulating the sale of alcohol beverages.
5. Application must be accompanied by a copy of the State of Idaho Alcohol Beverage License.
6. If applicant does not own the premises, application must include copy of the premises lease agreement and a document showing that the owner consents to the sale of alcoholic beverages on such premises.
7. If premises are owned by applicant, application must include documentation of ownership.
8. If current license is being leased to third party, application by third party must include copy of the lease agreement.

(Applicant's Signature)

(Applicant's Signature)

(Applicant's Signature)

(Applicant's Signature)

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public or County Recorder Deputy

Commission Expires _____

ADA COUNTY SHERIFF:

Reviewed by: _____ Date: _____

Recommend for Licensure: Yes _____ No _____

ADA COUNTY CLERK:

Fees Collected and Application reviewed for completion and compliance with all applicable laws:

By: _____ Date: _____

Ada County Deputy Clerk

Recommend for approval by Board of Commissioners of Ada County: Yes _____ No _____