

# LIQUOR/BEER/WINE APPLICATION CASSIA COUNTY

Dated: \_\_\_\_\_ ( ) County License #: \_\_\_\_\_  
 State License # (*attach copy*): \_\_\_\_\_ ( ) Corporation: *Attach Copy of Article of Incorporation*  
 ( ) Partnership: *Attach Copy of Partnership Agreement*  
 ( ) Individual: \_\_\_\_\_  
 ( ) Application **OR** ( ) Transfer  
 Fee Paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

**The undersigned hereby makes application to the County of Cassia, State of Idaho for the following licenses to sell alcoholic beverages. Note: Wine license fees are included if purchasing a liquor license.**

<b>Check all that apply:</b>	<b>Beer License:</b>
( ) Burley Liquor License..... \$187.50	( ) Bottled or Canned, Off Premises ..... \$25.00
( ) Albion Liquor License..... \$75.00	( ) Bottled or Canned, On Premises..... \$75.00
( ) Declo Liquor License..... \$75.00	( ) Draft Bottled or Canned, On Premises..... \$100.00
( ) Malta Liquor License..... \$75.00	( ) County Wine License (Bottled-Retail) ..... \$100.00
( ) Recreation Parks Liquor License..... \$75.00	( ) County Wine License (By the Drink) ..... \$100.00

**Owner's Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Home Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Owner's Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Business Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name, address and occupation of the applicant for the three (3) years preceding the date of application: \_\_\_\_\_

**ATTACH A DESCRIPTION & DRAWING OF THE FLOOR PLAN:** *a description of the room(s) in which the business is to be conducted and a description of the lot, block, or street number of the building where such room(s) are located.*

Name(s) of the owners, **attach a copy of the lease** if not personally owned: \_\_\_\_\_

Interest of the applicant in the premises where the business is to be conducted: \_\_\_\_\_

Name(s) of any person(s) other than the applicant who has financial interest or manages the business: \_\_\_\_\_

**Is the applicant and/or the applicant's business associates:**

1. Citizen(s) of the United States and bona fide resident(s) of the State of Idaho for a period of not less than 30 days prior to the date of this application? ( ) Yes ( ) No *If "NO", attach a written explanation.*
2. Over the age of 19? ( ) Yes ( ) No *If "NO" attach a written explanation.*
3. Of good moral character, and have never been convicted of any violation of law regulating, governing or prohibiting the sale of intoxicating Alcohol/Beer/Wine? ( ) Yes ( ) No *If "NO", attach a written explanation.*
4. Ever been convicted of a felony? ( ) Yes ( ) No *If "YES", attach a written explanation.*

Applicant hereby affirms that he/she/they are eligible and has/have none of the disqualifications for a license as provided by Title 23, Chapter 9, 10 and 13 in the Idaho Code and any Amendments thereto.

\_\_\_\_\_  
*Applicant Signature*

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me, a notary public in and for said state, personally appeared \_\_\_\_\_

Signed: \_\_\_\_\_

Residing at: \_\_\_\_\_

(Seal)

Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_