

**CITY OF IDAHO FALLS**  
**APPLICATION FOR BEER NOT TO BE CONSUMED ON THE PREMISES LICENSE**

Date: \_\_\_\_\_

License Fee: \$50.00

Idaho State Beer License No.: \_\_\_\_\_

Bonneville County Beer License No.: \_\_\_\_\_

City of Idaho Falls License No.: \_\_\_\_\_

TO THE CITY CLERK, CITY OF IDAHO FALLS:

Pursuant to law, application is hereby made, under oath, for a license to sell beer not to be consumed on the premises within the City of Idaho Falls, County of Bonneville, State of Idaho.

STATE OF IDAHO )  
 ) ss.  
County of Bonneville )

1. This application is made by or on behalf of \_\_\_\_\_  
(Name of Individual Owner or Manager whose Social Security Number is \_\_\_\_\_ and Date of Birth is \_\_\_\_\_) doing business as \_\_\_\_\_ (Name of Business).  
Residential Address for Owner/Manager: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Check the appropriate box or fill in the blanks in answering the following questions:

2. The applicant to be licensed is:  
An Individual   
A Partnership   
A Corporation
3. If the applicant is an individual, is he/she a citizen of the United States? Yes  No
4. Length of residence in the State of Idaho: \_\_\_\_\_
5. Has the applicant had a Beer To Be Consumed On The Premises License or Beer Not To Be Consumed On The Premises License revoked by the Idaho Director of Law Enforcement within three (3) years from the date of this application? Yes  No
6. Has the applicant been convicted of any felony or paid any fine or completed any sentence of confinement therefore within said time? Yes  No
7. If the applicant is an individual, is he/she nineteen (19) years of age or older? Yes  No
8. If the applicant is a partnership, are all of the general partners nineteen (19) years of age or older? Yes  No

List Names and Addresses of Four (4) References as to good moral character of the Applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The undersigned hereby accepts all the regulations, terms, and conditions prescribed by Ordinance under which this application is taken, and being first duly sworn, deposes and says: That he is the person who signed the foregoing application; that he has read the same and knows the contents thereof and all facts stated therein are true of his own knowledge.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

TO THE MAYOR AND CITY COUNCIL:

I, the undersigned Chief of Police, having investigated the above application, recommend that the application be \_\_\_\_\_ (Granted or Denied).

Receipt No. \_\_\_\_\_

\_\_\_\_\_  
Chief of Police