

**CITY OF IDAHO FALLS
APPLICATION FOR LIQUOR BY THE DRINK LICENSE**

Date: _____

License Fee: \$562.50
Idaho State Liquor License No.: _____
Bonneville County Liquor 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 Liquor By The Drink 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:
A Fraternal Organization
A Partnership
A Corporation
A Proprietorship
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 Liquor 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 five (5) years? 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, etc., are all of the general partners nineteen (19) years of age or older? Yes No

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