



Receipt No.: \_\_\_\_\_  
 City License No.: \_\_\_\_\_  
 State of Idaho License No.: \_\_\_\_\_  
 Bonneville County License No.: \_\_\_\_\_  
 Entered: \_\_\_\_\_  
 Approved/Denied By: \_\_\_\_\_  
 Approval/Denial Date: \_\_\_\_\_

**TRANSFER – RETAIL WINE LICENSE APPLICATION**

Transfer Fee: \$100.00

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Applicant Name (Name of Individual Owner or Manager): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

The applicant to be licensed is: An Individual \_\_\_\_\_ A Partnership \_\_\_\_\_ A Corporation \_\_\_\_\_

If the applicant is an individual, is he/she a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Length of residence in the State of Idaho: \_\_\_\_\_

Has the applicant had a wine distributor’s license, retail wine license, wine by the drink license, or wine importer’s license revoked by the Idaho Director of Law Enforcement within three (3) years from the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant been convicted of a felony or been granted a withheld judgment following a plea of guilty to a charge of felony within five (5) years from the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If the applicant is an individual, is he/she nineteen (19) years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

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 agrees to abide by the terms and conditions of this Chapter, and any laws, ordinances, rules or regulations subsequently promulgated by the State, Bonneville County or the City.

\_\_\_\_\_  
 Signature of Applicant Date

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

(SEAL)

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_