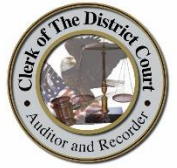




CANYON COUNTY LIQUOR LICENSE APPLICATION



*****Each Applicant must provide a copy of their current license from Idaho State Police Alcohol Beverage Control along with this application*****

(PLEASE CHECK ONE)

☐ NEW

☐ TRANSFER

☐ CHANGE IN APPLICATION

1. NAME OF BUSINESS/APPLICANT/LICENSE HOLDER:

(INDIVIDUAL, CORPORATION, LLC, PARTNERSHIP OR OTHER BUSINESS ENTITY)

2. DOING BUSINESS AS:

3. MAILING ADDRESS:

4. PHYSICAL ADDRESS OF BUSINESS: (please provide a map/layout of location/premise)

5. BUSINESS PHONE: (_____)_____

APPLICANT PHONE: (_____)_____

6. BUSINESS EMAIL: _____

7. FEES: Please select all that apply

BEER – Select one (1) box only.

- \$25.00 ☐ Consumed **OFF premises**, bottled and canned.
\$75.00 ☐ Consumed **ON premises**, bottled and canned.
\$100.00 ☐ DRAFT, bottled and canned, consumed **ON premises & OFF premises.**
\$5.00 ☐ **Transfer** of ownership or location

BEER TOTAL \$ _____

LIQUOR by the drink -**This fee covers wine fee** (Do NOT pay wine fee if you have liquor)

Select one (1) box and pay that fee:

- \$75.00 ☐ Population less than 1000 (i.e. Notus, Greenleaf and Melba)
\$125.00 ☐ Population between 1000 and 3000 (i.e. Parma, Wilder)
\$187.50 ☐ Population over 3000 (i.e. Nampa, Caldwell and Middleton)
\$10.00 ☐ **Transfer** of ownership or location
\$100.00 ☐ Golf course operator, lessee or owner

LIQUOR TOTAL \$ _____

WINE – Select one (1) box and pay that fee

(Do NOT pay wine fee if you have liquor):

- \$100.00 ☐ Wine by Drink: (This Covers Retail & By the Drink)
\$100.00 ☐ Wine Retail: (This is for **OFF** premises consumption only)
\$5.00 ☐ **Transfer** of ownership or location

WINE TOTAL \$ _____

TOTAL FEE \$ _____

8. TRANSFER OPTIONS: Please select all that apply:

☐ Transfer of license from one owner to another

Previous Owner Name: _____

Previous Business Address: _____

☐ Change in business location

(Current license holder moved to new facility/premise)

Old Address: _____

New Address: _____

9. CHANGE IN APPLICATION: Please answer the below questions

A. Is there a change in physical address?

☐ Yes ☐ No

If yes, complete below:

Old Address: _____

New Address: _____

B. Is there a change in mailing address?

☐ Yes ☐ No

If yes, complete below:

Old Address: _____

New Address: _____

C. Is there a change in services offered? (I.e. Beer, Wine, and Liquor)

☐ Yes ☐ No

If yes, complete below:

Added a Beverage Service: _____

(Reference fee schedule on page 2)

Removed a Beverage Service: _____

D. Is there a change in 'Doing Business As' name?

☐ Yes ☐ No

If yes, complete below:

Old Business name: _____

New Business name: _____

E. Is there a change in Applicant/Business name? (Current license holder changed their name of business not DBA)

☐ Yes ☐ No

If yes, complete below:

Old Business name: _____

New Business name: _____

F. Is there a change in officers? (Current license holder either added or removed officers)

☐ Yes ☐ No

If yes, complete below:

Name of officer being removed: _____

Name of officer being added: _____

10. BUSINESS ENTITY:

A. TYPE:

- ☐ Sole Proprietor
☐ General Partnership
☐ Limited Partnership
☐ Limited Liability Partnership
☐ Limited Liability of a Corporation
☐ Corporation

B. BUSINESS REGISTRATION:

Is the business registered with the Idaho Secretary of State's Office?

☐ Yes ☐ No

C. Please list sole proprietor(s) or all partners, corporate officers, directors, LLC/LLP members/partners, principal stockholders and business managers of the applicant: Attach a separate sheet of paper following with the format below if you need more space.

Title: _____ Name: _____

Officer Address: _____

Date of birth: _____ U.S. Citizen: ☐ Yes ☐ No

List the date from which the applicant has resided/lived in Idaho: _____

Title: _____ Name: _____

Officer Address: _____

Date of birth: _____ U.S. Citizen: ☐ Yes ☐ No

List the date from which the applicant has resided/lived in Idaho: _____

D. APPLICANT'S FINANCIAL INTERESTS:

Please list any other parties not already listed above that have any financial interest in your business

Title: _____ Amount/Percent of interest: _____

Name: _____

Address: _____

Nature of interest (e.g., Open Loans, Mortgages, Silent partnerships, Conditional sales contracts, trust, shareholders, or any other basis other than upon trade account incurred in the ordinary course of business):

11. Are you the owner of the building where the premises is located?

If you answered "Yes," please include a copy of the deed; if you answered "No," please include copy of lease agreement for Applicant

☐ Yes ☐ No Canyon County Assessor Parcel #: _____

12. Is the building/location/premises within three hundred feet (300) of any public schools, churches or other place of worship, or college? *(Measured in a straight line from the nearest corner of said building to nearest entrance of the license premises.)*

☐ Yes ☐ No

13. FELONY:

A. Have you, any partners or the actual manager of the applicant business, been convicted of, been placed on probation for, been granted a withheld judgment for, or received a deferred sentence for a felony in last five (5) years?

☐ Yes ☐ No

If answered yes please explain: _____

B. Have you, any partners or the actual manager of the applicant business paid any fine for a felony in the last five (5) years?

☐ Yes ☐ No

If answered yes please explain: _____

C. Have you, any partners or the actual manager of the applicant business, completed any sentence of confinement for any felony in the last 5 years?

☐ Yes ☐ No

If answered yes please explain: _____

14. VIOLATIONS PROHIBITING THE SALE OF ALCOHOL

A. Have you, any partner or the actual manager, ever been convicted of any violation of Federal or State laws or regulations governing or prohibiting the sales of alcohol beverages?

☐ Yes ☐ No

If answered yes please explain: _____

- B. Within the last two (2) years have you, any partner or actual manager, suffered the forfeiture of a bond for your appearance to answer charges pertaining to violations of Federal or State laws or regulations governing or prohibiting the sale of alcohol beverages?

☐ Yes ☐ No

If answered yes please explain: _____

15. List the following dates, if any, for yourself, any partner, any officer, or the actual manager of the applicant business:

- A. Date(s) of conviction for driving a motor vehicle under the influence of alcohol, drugs, or any other intoxicating substance.

- B. Date(s) of completion of any sentences and/or probation or parole for driving a motor vehicle under the influence of alcohol, drugs, or any other intoxicating substance.

- C. Date(s) that fines and court costs associated with the conviction(s) were paid.

- D. Date(s) of completion for the probation or parole for the conviction(s).

- E. Date(s) of completion for the sentence for the sentence.

16. Have you, any partner, or actual manager, ever been convicted or been given a withheld judgment in any Federal or State court for any crime involving possession or distribution or any controlled substance?

☐ Yes ☐ No

If answered yes please explain: _____

17. Have you, any partner, or actual manager, ever engaged in the operation, or has interest therein, of any house or place for the purpose of prostitution or anything declared and found to have been a moral nuisance as defined by County ordinance or State law?

☐ Yes ☐ No

If answered yes please explain: _____

18. Have you ever had a similar alcohol beverage license revoked by Canyon County, the State of Idaho, or any other county or state?

☐ Yes ☐ No

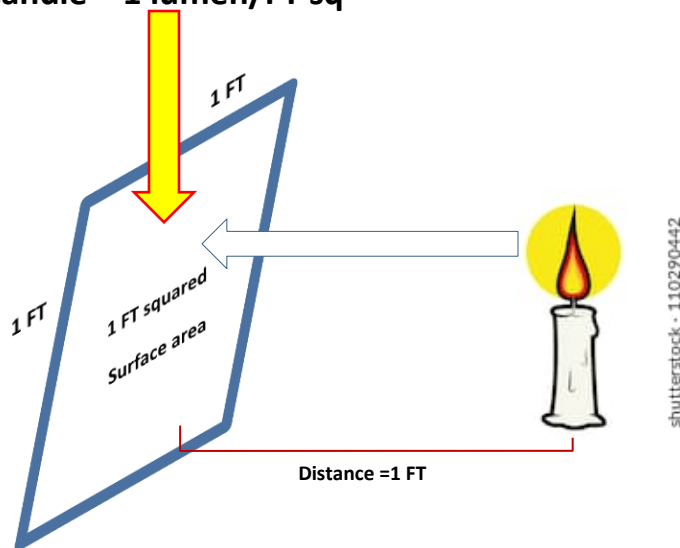
If answered yes please explain: _____

19. Have you obtained all necessary permits and inspections for the proposed premises and do the proposed premises comply with all the laws, regulations, and Ordinances of Canyon County and the State of Idaho relating to health, safety, building codes, fire codes, and planning and zoning?

☐ Yes ☐ No Designated Zoning of Business Site: _____

20. Does your establishment's parking lot have lighting levels that are least one foot-candle?
(one foot-candle is defined as a unit measurement of illuminance or light intensity on a one-square foot surface at ground level equal to one lumen per square foot and with a 2.0 to 3.0 (average to minimum foot-candles) uniformity ratio).

1 foot-candle = 1 lumen/FT sq



☐ Yes ☐ No

***If the board of county commissioners denies your application, the board must do so in writing, as well as explain the actions you can take, if any, through which your application can be approved. ***

***If your application has been denied, or if you have been otherwise aggrieved by a decision of the board of county commissioners regarding your application, after all remedies have been exhausted under county ordinance or procedures, you may seek judicial review within twenty-eight (28) day under the procedures provided in chapter 52, title 67, Idaho code. ***

I hereby swear, under the penalty of perjury, that the above information I provided in this application is true and accurate to the best of my knowledge. I further swear that I have verified that the premises for which I propose to obtain this license is in compliance with all state and local laws and regulations concerning health, safety, building codes, fire codes, and planning and zoning. I further understand and agree that should any changes to the premises, circumstances, or requirements to hold this license occur after submitting this application, I will immediately file a written report documenting those changes with Canyon County.

Printed Name of Applicant

Signature of Applicant

____/____/_____
Date

State of _____

County of _____

On this _____ day of _____ in the year 20____, before me _____,
a notary in the State of _____, personally appeared _____,
known to me (or Proved to me) to be the person or persons whose name is subscribed to within the
instrument and acknowledged to me that (he/she) executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in
this certificate above written.

(SEAL)

Notary Public for Idaho

My Commission Expires: ____/____/_____

Attribution Clause: This Certificate is prepared for, and exclusively belongs to, the accompanying document
entitled _____, which consists of _____ page(s) and is dated _____.
If this Certificate is appropriated to any document other than the one described herein, it shall be deemed null and void.