



CANYON COUNTY ALCOHOL RENEWAL LICENSE

SUPPLEMENT: Adding of Officers, Members, Partners, Directors, Stockholders and Business Managers

*****This document should be accompanied by a Canyon County Alcohol
Renewal Application and a copy of the current license from the Idaho State
Police Alcohol Beverage Control ****

1. NAME OF BUSINESS/APPLICANT/LICENSE HOLDER:

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

2. DOING BUSINESS AS:

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

4. 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: _____

5. 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: _____

6. 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.

7. 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: _____

8. 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: _____

9. 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: _____

I/we, the applicant(s) of this license, acknowledge and understand Idaho Code Title 23 and IDAPA that regulate licenses provided by the Idaho liquor act and do hereby agree to operate the license premises in conformity with these statutes and regulations. I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct. 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