



APPLICATION FOR BEER, WINE, LIQUOR LICENSE

Renewal

New Application

Business Name: _____

Physical address of license location: _____

City: _____

Assessor's Parcel Number(s): _____ Zoning District: _____

Applicant Name: Include partnership or association members, Board members or stockholders:

Mailing Address:

Applicant Telephone: _____ Fax: _____

Applicant EMAIL Address: _____

EMAIL Address to send a COPY of the License: _____

List any convictions of any laws of the State of Idaho, or the United States, or licensing City within three (3) years immediately preceding the date of filing the application, regulating governing or prohibiting the sale, manufacture, transportation or possession of alcoholic beverages or intoxicating liquors. Within said time has the applicant(s), partners or members suffered the forfeiture of a bond for failure to appear to answer to charges of any such violation?

List any convictions of any felony, or withheld judgment granted following adjudication of guilty of a felony, or fines paid, or sentence completed therefore, within five (5) years from the date of this application:



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Has the applicant(s), partners, or members had an alcoholic beverage license or liquor license revoked within the last three (3) years?

Yes _____ No _____ Date Revoked: _____

Have your servers / sellers been through Alcohol Awareness Training: Yes No

LICENSE TYPE: _____ FEES (PER YEAR): _____ FEE: _____

Beer consumed on premises <input type="checkbox"/>	\$200.00	_____
Beer consumed off premises <input type="checkbox"/>	50.00	_____
Wine consumed on premises <input type="checkbox"/>	200.00	_____
Wine consumed off premises <input type="checkbox"/>	50.00	_____
Liquor By the Drink <input type="checkbox"/>	562.50	_____
	Total Fee Paid	_____

All applications are required to submit the following:

Applicant (√)	Description	Staff (√)
<input type="checkbox"/>	Completed and signed Liquor License Application	<input type="checkbox"/>
<input type="checkbox"/>	Fees Paid	<input type="checkbox"/>
<input type="checkbox"/>	Copy of State of Idaho Alcohol Beverage License.	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Ada / Canyon County Alcohol Beverage License.	<input type="checkbox"/>
<input type="checkbox"/>	Copy of approval letter from the Star Fire District.	<input type="checkbox"/>
<input type="checkbox"/>	Copy of floor plan approved by the State of Idaho showing areas in which alcohol will be served.	<input type="checkbox"/>

Note: Per Idaho Code 23-913, no license shall be issued for any premises in any neighborhood which is predominantly residential or within three-hundred feet (300') of any public school, Church, or any other place of worship. (Star City Code 8-5-3-8B)

State of Idaho
County of _____

_____ being first duly sworn, deposes and says that (he/she/they) is/are the owner / applicant of the _____ (business name) making the above and



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foregoing application, and makes the statements therein contained for the purpose of securing a license to sell alcoholic beverages within the corporate limits of the City of Star, and that (he/she/they) has/have read the above and foregoing application, know the contents and the facts therein stated are true and (he/she/they) has/have read and is familiar with the City of Star Codes pertaining to this application.

Signature of Applicant

Date

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, 20____.

NOTARY PUBLIC in and for the State of Idaho

Residing: _____

Expiration date: _____

OFFICE USE ONLY

Police Dept. Approval: _____ Fire Dept. Approval: _____

City Clerk Approval: _____ Council Approval: _____

Star License No: _____ Date License Issued: _____

Emailed COPY of NEW LICENSE: _____

Complete File Scanned

Paper Filed