

**PAYETTE COUNTY
RETAIL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

To the Board of County Commissioners, PAYETTE COUNTY, Idaho.

The undersigned, a(n) Corporation Individual Date _____
 Partnership LLC

does hereby make application for a license to sell during the year _____

	Fee
BEER LICENSE	
<input type="checkbox"/> Draft Beer or Bottled or Canned Beer	
<input type="checkbox"/> Bottled or Canned Beer, to be consumed on the premises	
<input type="checkbox"/> Bottled or Canned Beer, NOT to be consumed on the premises	
LIQUOR LICENSE	
WINE LICENSE	
<input type="checkbox"/> Retail Wine	
<input type="checkbox"/> Wine by the Drink	
<input type="checkbox"/> Special Wine (Sunday)	
Total Fees:	

Applicant is the holder of STATE OF IDAHO RETAIL ALCOHOL BEVERAGE LICENSE number _____ dated the _____ day of _____, 20_____.

Within PAYETTE COUNTY, at the following described place of business: _____ Idaho, and

tenders herewith the license fees of \$ _____ as provided by resolution of the Board of County Commissioners of said County, adopted November 28, 1949.

Applicant: _____
 Business Name: _____
 Physical Address: _____ Phone Number: _____
 Mailing Address: _____

Is/Has Applicant (and/or his associates):	Active Manager Information:
Citizen(s) of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mgrs Name: _____
Over the age of nineteen (19)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address: _____
Ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	City/State/Zip: _____

Applicant Signature: _____
Officers & Governing Board of a Corporation - Partners if a Partnership - Individual

THIS SECTION FOR TRANSFERS ONLY

I hereby authorize the transfer of No. _____ Beer License; No. _____ Liquor License; No. _____
 Wine License; to _____
 dba _____ Dated this _____ day of _____, 20_____

Signature of Previous Owner

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public or Clerk of Board of County Commissioners

Approved: _____ **Date:** _____ **Health Dept Approval**