

**LIQUOR/BEER/WINE APPLICATION
CASSIA COUNTY**

Dated: _____ () County License #: _____
State License # (*attach copy*): _____ () Corporation: *Attach Copy of Article of Incorporation*
() Partnership: *Attach Copy of Partnership Agreement*
() Individual: _____
() Application **OR** () Transfer
Fee Paid: \$ _____ Receipt #: _____

The undersigned hereby makes application to the County of Cassia, State of Idaho for the following licenses to sell alcoholic beverages. Note: Wine license fees are included if purchasing a liquor license.

Check all that apply:	Beer License:
() Burley Liquor License..... \$187.50	() Bottled or Canned, Off Premises \$25.00
() Albion Liquor License..... \$75.00	() Bottled or Canned, On Premises..... \$75.00
() Declo Liquor License..... \$75.00	() Draft Bottled or Canned, On Premises..... \$100.00
() Malta Liquor License..... \$75.00	() County Wine License (Bottled-Retail) \$100.00
() Recreation Parks Liquor License..... \$75.00	() County Wine License (By the Drink) \$100.00

Owner's Birth Date: _____ / _____ / _____ **Home Telephone Number:** (____) _____ - _____

Owner's Social Security Number: _____ - _____ - _____ **Business Telephone Number:** (____) _____ - _____

Name, address and occupation of the applicant for the three (3) years preceding the date of application: _____

ATTACH A DESCRIPTION & DRAWING OF THE FLOOR PLAN: *a description of the room(s) in which the business is to be conducted and a description of the lot, block, or street number of the building where such room(s) are located.*

Name(s) of the owners, **attach a copy of the lease** if not personally owned: _____

Interest of the applicant in the premises where the business is to be conducted: _____

Name(s) of any person(s) other than the applicant who has financial interest or manages the business: _____

Is the applicant and/or the applicant's business associates:

- Citizen(s) of the United States and bona fide resident(s) of the State of Idaho for a period of not less than 30 days prior to the date of this application? () Yes () No *If "NO", attach a written explanation.*
- Over the age of 19? () Yes () No *If "NO" attach a written explanation.*
- Of good moral character, and have never been convicted of any violation of law regulating, governing or prohibiting the sale of intoxicating Alcohol/Beer/Wine? () Yes () No *If "NO", attach a written explanation.*
- Ever been convicted of a felony? () Yes () No *If "YES", attach a written explanation.*

Applicant hereby affirms that he/she/they are eligible and has/have none of the disqualifications for a license as provided by Title 23, Chapter 9, 10 and 13 in the Idaho Code and any Amendments thereto.

Applicant Signature

On this _____ day of _____ 20____ before me, a notary public in and for said state, personally appeared _____

Signed: _____

Residing at: _____

(Seal)

Commission Expires: _____ / _____ / _____