

BINGHAM COUNTY

501 North Maple, No. 205
Blackfoot, ID 83221

Phone: 208-782-3157
Fax: 208-785-4131
dwootton@co.bingham.id.us

APPLICATION FOR ALCOHOL LICENSE

Name of Owner/Manager _____

Name of Business _____

Mailing Address of Business _____

State License No. _____

Type of Business _____

TRANSFERS: I HEREBY AUTHORIZE THIS TRANSFER OF LICENSE NUMBER _____.

BEER: _____ WINE: _____ LIQUOR: _____.

IS TRANSFERRED TO _____ DBA _____

Date _____

X _____

Signature of Previous Owner

I/WE HEREBY CERTIFY THAT THERE HAVE BEEN NO CHANGES IN THE ABOVE NAMED BUSINESS, OWNERSHIP, DIRECTORS, STOCKHOLDERS OR PARTNERS OR FINANCIALLY INTERESTED PERSONS DURING THE PAST LICENSED YEAR; THAT NO CHANGES HAVE OCCURRED IN THE ARTICLES OF INCORPORATION OR ASSOCIATION IN THE BY-LAWS; AND THAT NONE OF THE INTERESTED PERSONS HAS BECOME DISQUALIFIED UNDER IDAHO CODE 23-910 OR 23-1010, AS APPLICABLE.

1. Draught, Bottled or Canned
Beer to be consumed on
premises. (\$100.00) _____

2. Bottled or Canned Beer
to be consumed on premises.
(\$75.00) _____

3. Bottled or Canned Beer
NOT to be consumed on
premises. (\$25.00) _____

4. Liquor (\$187.50) _____

5. Retail Wine (\$100.00) _____

6. Wine by the drink
(\$100.00) _____

7. Transfer of License (\$20.00) _____

TOTAL FEES \$ _____

LICENSE NO. _____

X _____

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____

Deputy Clerk or Notary Public
Commission Expires: _____