

NEW ALCOHOL BEVERAGE LICENSE CHECKLIST (WHAT TO INCLUDE WITH YOUR APPLICATION)

DO YOU HAVE:

- ✓ SIGNED COPY OF YOUR NEW STATE LICENSE
- ✓ THE EXISTING COUNTY LICENSE **(FOR TRANSFERS ONLY)**
- ✓ SIGNED COPY OF THE LEASE IF YOU ARE LEASING THE BUILDING
- ✓ WRITTEN CONSENT TO SELL ALCOHOLIC BEVERAGES FROM THE OWNER OF THE BUILDING IF NOT THE APPLICANT
- ✓ CHECK, MONEYORDER, OR CASH FOR CORRECT AMOUNT

IF YOU ARE A CORPORATION/LLC DO YOU ALSO HAVE:

- ✓ COPY OF THE ARTICLES OF INCORPORATION / ORGANIZATION
- ✓ COPY OF BYLAWS OF CORPORATION

IF YOU ARE A PARTNERSHIP DO YOU ALSO HAVE:

- ✓ COPY OF ARTICLES OF ASSOCIATION / PARTNERSHIP
- ✓ COPY OF BYLAWS OF ASSOCIATION / PARTNERSHIP

IF THIS IS THE FIRST BEVERAGE LICENSE FOR THIS LOCATION IN AN UNINCORPORATED AREA DO YOU HAVE:

- ✓ WRITTEN CONSENT OF AT LEAST 75% OF THE RESIDENT OWNERS.
- ✓ CERTIFICATE OF ZONING ISSUED BY THE NEZ PERCE COUNTY ZONING DEPARTMENT.

COUNTY USE ONLY	
SHERIFF	
APPROVE	_____
DISAPPROVE	_____
STATE LIC#	_____
COUNTY LIC#	_____
TOTAL DUE \$	_____

**NEZ PERCE COUNTY
REQUEST FOR RETAIL ALCOHOL BEVERAGE LICENSE**

The person making this request must provide the following requested information completely, truthfully, accurately and legibly. The failure to do so could result in a denial of the request. **If you have not received an Idaho State Retail Alcohol Beverage License from the Idaho Director of Law Enforcement do not proceed any further. By law you must first obtain such license.**

(Type or Print)

APPLICANT NAME: _____

TYPE OF BUSINESS: ___ CORPORATION ___ LIMITED LIABILITY COMPANY
 ___ PARTNERSHIP ___ JOINT VENTURE ___ SOLE PROPRIETORSHIP

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____ **APPLICANT PHONE#** _____

APPLICANT'S OFFICIAL CAPACITY/RELATIONSHIP TO SAID BUSINESS? _____

Please mark type of Beer license desired:

- ___ a. \$100.00 - Retail sale of draught and bottled &/or canned beer, or draught beer, which includes beer to go.
- ___ b. \$75.00 – Retail sale of bottled &/or canned beer (not draught) and where such beer is consumed on the premises, includes beer to go.
- ___ c. \$25.00 – Retail of bottled &/or canned beer, none of which is consumed on the premises. Issued to grocery and convenience stores.

Please mark type of Wine license desired (skip if including liquor)

- ___ a. \$100.00 – Retail Wine
- ___ b. \$100.00 – Wine by the Drink
- ___ c. \$100.00 – Retail Wine AND Wine by the Drink

Please mark type of Liquor desired (this already includes Wine).

- ___ a. \$187.50 – City of Lewiston
- ___ b. \$75.00 – Cities of Lapwai, Culatesac & Peck
- ___ c. \$225.00 – Special

Please mark if you are Transferring existing license with no changes.

- ___ a. \$20.00 – Transfer fee

1. Have you or any other person named in the application ever owned, managed, worked at or been affiliated in any way with an establishment in the United States which lost, was denied, or had its license for the sale of beer, wine, or liquor suspended for any period of time, whether involuntarily or voluntarily, for the sale of any such alcohol beverage to a person for which such sale was unlawful? _____

If your answer is "yes", state with particularity when, where, and all known circumstances concerning such revocation, denial, suspension of the licenses(s) in question (attach sheet if needed): _____

2. Within the last three (3) years, have you or any other person named in this application been convicted of or received a withheld judgment and/or probation for any offense involving the sale, manufacture, transportation or possession of alcoholic beverages or intoxication liquors, or excessive use of alcohol or within said time, suffered forfeiture of a bond for failure to appear in answer to charges of any such violation anywhere in the United States? _____

If the answer is "yes", state with particularity when and in what court(s) such offense(s) was or were prosecuted and set forth all the terms of the conviction(s) or withheld judgment(s) (attach sheet if needed): _____

3. Have you or any named person herein been convicted of or received a withheld judgment and/or probation for any felony anywhere in the United States? _____

If the answer is "yes", state with particularity when and in what court(s) such offense(s) was or were prosecuted, and set forth all the terms of the conviction(s) or withheld judgment(s) (attach sheet if needed): _____

4. Name the owner, including their address and phone number, of the premises housing the business which will utilize the alcohol beverage license which is subject of this request. _____

- If the owner is different than the applicant, please include the following:
- a. The written consent of the owner of the premises for the licensing to sell alcoholic beverages.
 - b. Copy of the Lease.

5. Is this an original (that is, the first) application for an alcohol beverage license for this business at this location? _____

If your answer is "yes" AND the business is located within an UNINCORPORATED AREA of Nez Perce County, include the following:

- a. The written consent of at least 75% of the resident owners of the property, or if not occupied or inhabited by the resident owner, the occupant of such property, within a radius of 1000 feet of any part of the premises upon which beer, wine or liquor is to be sold for consumption. (No signatures will be accepted if over 90 days old.)
- b. The Certificate of Zoning issued by the Nez Perce County Zoning Department.

If the business is a CORPORATION/LLC proceed with the following:

- 1. In what state is it incorporated/organized? _____
- 2. Date of incorporation/organization? _____
- 3. Location of principal place of business in Idaho and authorized agent? _____
- 4. If foreign, is it authorized to do business in Idaho? _____
- 5. Name all corporate offices and members of the Board of Directors/LLC members, partners, giving the title, social security number, home address & contact phone number (attach sheet if needed):

6. Include a copy of the articles of incorporation or articles of organization and bylaws of any corporation.

If the business is a PARTNERSHIP proceed with the following:

1. Name all partners, giving their title, social security number, date of birth, home address and contact phone number (attach sheet if needed):

2. Name the parties that are residents of the State of Idaho and how long they have been a resident (attach a sheet if needed): _____

3. Does the business have an assumed name filed on record with the State of Idaho? _____ If "no", explain: _____

If the business is a SOLE PROPRIETORSHIP proceed with the following:

1. List the owner's name, social security number, date of birth, home address and contact phone number: _____

2. Does the business have an assumed name filed on record with the State of Idaho? _____ If "no" explain: _____

Each application should be accompanied by the required license fee which shall be returned to the applicant if the Board of County Commissioners refuse to issue the license. (Nez Perce County Ordinance #54b dated November 8, 1993 and amended by Nez Perce County Ordinance #51b(1) dated November 19, 2001.)

Dated this _____ day of _____, 20_____.

APPLICANT'S SIGNATURE _____

**YOU MUST COMPLETE THE AFFIDAVIT ON THIS PAGE UNDER OATH
AND SIGN IN THE PRESENCE OF A NOTARY PUBLIC**

STATE OF IDAHO)
) ss.
County of Nez Perce)

_____, being first duly sworn on oath, deposes and says:
(Applicant's Name)

1. I am the person making this request for an alcohol beverage license to the Board of Commissioners of Nez Perce County.
2. Prior to submitting this request, I have read the Nez Perce County Alcohol Beverage Ordinances.
3. I have answered fully and completely all questions contained within this request which apply to the business (or organization) and license in question. All information contained herein is true to the best of my information and belief.
4. I have supplied all consents necessary and applicable.
5. I respectfully request that the Board grant the request made herein.

Applicant Signature _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public for Idaho
Residing at: _____
My commission expires: _____