

**ADAMS COUNTY  
RETAIL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

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

The undersigned, a(n) Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Date \_\_\_\_\_  
 Partnership \_\_\_\_\_ LLC \_\_\_\_\_  
 Joint Venture \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
 does hereby make application for a license to sell during the year \_\_\_\_\_

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

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

Within ADAMS 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 July 14, 1947.

Applicant: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

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

Board of County Commissioners