



*New Retail Alcohol Beverage License Application*

License 2015-

Name of Business: \_\_\_\_\_ DBA \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Phone After Hours: \_\_\_\_\_

Alcohol Beverage License Proprietor (applicant):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Drivers Lic No \_\_\_\_\_

Resident Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*\*\* Note: Attach a list of all other individuals, partners, LLC/LLP members, officers, directors, trustees or other governing board members (Corporations must include an in state manager), following the above format.*

1. Is applicant over 21 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is applicant a Citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has applicant been a resident of the State of Idaho for 30 days: Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has applicant ever been convicted of any felony, crime or misdemeanor involving decency or morality, or of the violation of any law regulating, governing or prohibiting the sale of alcoholic beverage or intoxicating liquors, or had an alcohol beverage license revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach explanation)
5. If the premises is not owned by the applicant, submit a certified copy of a document showing that the owner consents to the sale of alcoholic beverages on the premises.

**City License Fees:**

Retail Beer	(on - premises)	\$ 200.00 _____
Retail Beer	(off – premises)	\$ 50.00 _____
*Retail Wine by the Glass	(on – premises)	\$ 200.00 _____
*Retail Wine by the Bottle	(off – premises)	\$ 50.00 _____
*Retail Liquor (includes Wine by the Glass & Wine by the Bottle)		\$ 375.00 _____

\*In order to be licensed for the retail sale of Liquor or Wine, the applicant must also be licensed for the retail sale of Beer.

**All City of McCall Alcohol Beverage Licenses will expire at midnight on August 31 of each year.**

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Please complete and return this form along with the following:

1. List of officers and in state manager (see format on page one)
2. The City of McCall License Fees (See schedule on page one)
3. A signed copy of your 2015 State Retail Alcohol Beverage License, and
4. A signed copy of your current Valley County Retail Alcohol Beverage License

Mail or deliver all items directly to the McCall City Hall, 216 East Park Street, McCall, ID 83638, attn.: Denise Tangen. Approved Licenses will be mailed to the business location.

The applicant hereby affirms that he/she is the bona fide owner of the business, is eligible and has none of the disqualification for a license as provided by Title 23, Chapter 9, 10, 11, 13, 14 Idaho Code Title 4, Chapter 1, McCall City Code, or any amendments thereto. I/we hereby certify that there have been no changes in the above named businesses, ownership, partners, members, officers or directors during the past licensed year, except as indicated herein.

I/we have read all of the above, and declare under penalty of perjury that each and every statement is true and correct.

Applicant's Name (printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For City Use Only

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Police Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Community Development Dir Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg. Official Sig. (if change in location or use): \_\_\_\_\_ Date: \_\_\_\_\_

City Lic #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Report to Council: \_\_\_\_\_

State Lic #: \_\_\_\_\_ County Lic #: \_\_\_\_\_