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## CASSIA COUNTY ALCOHOLIC BEVERAGE LICENSE APPLICATION

Idaho Statute Title 23, Chapters 9, 10 and 13

Date:			FOR COUNTY OFFICE	ONLY
State License Number:	Coun	ty Lice	nse #:	
Application Type:		Fee Amount:		
□ New □ Renew □ Transfer:				
☐ Applicant or ☐ Location				
The undersigned hereby makes application to the alcoholic beverages (check all that apply):  Albion Liquor	\$75.00 \$187.50 \$75.00 \$75.00 \$75.00		Wine Retail** Wine by the Drink** Draft Beer† Bottled/canned Beer ON Bottled/canned Beer OFF	\$100.00 \$100.00 \$100.00 \$100.00 premises \$75.00 \$25.00
Applicant:  Doing Business As:		Bus	ail:siness Phone:	
Physical Address:				
Mailing Address, if different: List all corporation officers and governing board m			tach copy of articles of inc reement)	orporation or partnership
Does the applicant, corporation officers and gover business that is also licensed to sell alcoholic beve	ning board n	nembe	rs, or partners have any in f Idaho?	
‡ If "Yes", attach a paper listing person,		_		in said business
Applicant's relationship to the business:				
Occupation for 3 years prior to application date: _				
Name of property owner if business's location is nagreement):				a copy of lease

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## **Premises Description and Floor Plan Diagram** – NO ARCHITECTURAL BLUEPRINTS

Attach a sketch on a standard 8.5"x11" paper showing the entire area proposed to be licensed to sell, serve, dispense, or store alcoholic beverages, including patios, decks, liquor cabinets, etc. Diagram must show all entrances, exits and rooms in which the business is to be conducted. Note any changes or updates on attached diagram, if a previous diagram exists on file with the county office.

Is/Has	the applicant and the a	applicant's busine	ss assoc	iates:
1.	Citizen(s) or legal per	manent resident(	s) of the	United States for a period of not less than 30 days prior to the
	date of this application	n?		
	□ Yes	□ No	(If "No	o", attach a written explanation)
2.	Over the age of 19?			
	□ Yes	□ No	(If "No	o", attach a written explanation)
3.	Ever been convicted	of a felony in the	last 5 ye	ars?
	□ Yes	□ No	(If "Ye	s", attach a written explanation)
4.	Ever been convicted the last 3 years?	of any violation of	f law reg	gulating, governing or prohibiting the sale of intoxicating alcohol in
	□ Yes	□ No	(If "Ye	s", attach a written explanation)
				Applicant/Authorized Agent Signature
				Applicant/Authorized Agent Signature
State	of		5.	
Count	y of			
On thi	s day of	,	20	, before me, a notary public in and for said state, personally
appea	red			, and proved to me on the basis of
	ictory evidence to be the ted the same.	e persons whose	names	are subscribed to this instrument, and acknowledged that they
Signed	l:			
Residi	ng at:			(Seal)
Comm	ission Expires			