

ADA COUNTY
ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

PLEASE SUBMIT WITH THIS COMPLETED APPLICATION A COPY OF THE
2016 STATE ALCOHOL LICENSE AND THE APPROPRIATE FEES

I/WE HEREBY APPLY FOR RENEWAL OF THE FOLLOWING:

Select one (1) box for beer and pay that fee:

- \$25.00 **BEER**, bottled or canned, consumed **OFF** premise:
- \$75.00 **BEER**, bottled or canned, consumed **ON** premise:
- \$100.00 **BEER**, DRAFT, bottled or canned, **ON** premise consumption:

_____ **BEER TOTAL**

LIQUOR by the drink:

Select one. Liquor covers Wine—Do NOT pay wine fee if you have liquor:

- | | |
|---|--|
| \$187.50 <input type="checkbox"/> Boise City | \$125.00 <input type="checkbox"/> Kuna |
| \$187.50 <input type="checkbox"/> Eagle | \$125.00 <input type="checkbox"/> Star |
| \$187.50 <input type="checkbox"/> Garden City | \$100.00 <input type="checkbox"/> Eligible Golf Course |
| \$187.50 <input type="checkbox"/> Meridian | \$100.00 <input type="checkbox"/> Racing Facility |

_____ **LIQUOR TOTAL**

Do NOT select if Liquor by the drink is checked, otherwise select only one:

- \$100.00 **WINE** Retail: (This is for OFF premise consumption only)
- \$100.00 **WINE** by the drink: (This covers Retail & By the Drink)

_____ **WINE TOTAL**

[The following information can be found on the State of Idaho Alcohol Beverage License:](#)

_____ **TOTAL COST**

ISSUED TO: _____

*(Individual, Partnership, LLC, Corporation, Etc.)**

DOING BUSINESS AS: _____ PHONE _____

PREMISE ADDRESS: _____

(Street)

(City)

(Zip)

MAILING ADDRESS OF BUSINESS: _____

***IF APPLICANT IS A PARTNERSHIP, LLC OR CORPORATION, ETC. PLEASE FILL OUT THE FOLLOWING:**

(Officer's Title)

(Officer's Names)

(Officer's Address)

CONTACT INFORMATION:

OWNER CONTACT _____ OWNER PHONE NUMBER: _____

EMAIL _____ FAX NUMBER: _____

DBA CONTACT: _____ DBA PHONE NUMBER: _____

EMAIL: _____ DBA FAX NUMBER: _____

I/WE HEREBY CERTIFY THAT THERE HAVE BEEN NO CHANGES IN THE ABOVE-NAMED BUSINESS, LOCATION, OWNERSHIP, DIRECTORS, STOCKHOLDERS, OR PARTNERS DURING THE PAST LICENSED YEAR.

(Signature of Applicant)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____

SEAL

Notary Public or County Recorder Deputy)

Commission Expiration: _____

ADA COUNTY CLERK:

Fees Collected and Application reviewed for completion and compliance with all applicable laws:

By: _____ Date: _____

Ada County Deputy Clerk

Recommend for approval for Board of Commissions of Ada County: Yes _____ No _____

Make checks payable to Ada County Recorder

Mail to: Ada County Recorder's Office, Attn: License Renewals
200 W. Front St., Room 1208, Boise ID 83702
208-287-6844