



1717 E POLSTON AVE
POST FALLS, ID 83854
208-773-3517

FOR CITY USE ONLY:	
RECEIPT # _____	\$ _____
LICENSE # _____	
BEER	\$ _____
WINE	\$ _____
LIQUOR/WINE	\$ _____
	001-6321

ALCOHOL BEVERAGE LICENSE APPLICATION
(Chapter 5.04)

YEAR _____
 New License
 Renewal

- TAVERN SALES (ON PREMISES)**
- () BEER (\$200.00)
 - () WINE (\$200.00)
 - () LIQUOR/WINE (\$562.50)
 - () LIQUOR/WINE-CLUB (\$281.25)
 - () LIQUOR/WINE-GOLF COURSE (\$300.00)

- STORE SALES (OFF PREMISES)**
- () BEER (\$50.00)
 - () WINE (\$200.00)

Applicant: _____
 Business Name: _____
 Business Address: _____
 Mailing Address: _____
 Business phone: _____ Other Phone: _____
 Email address: _____

- **Attach copy of application for State license, including a copy of site and floor plans submitted with state application.**
- **You must submit copies of your State and County Alcohol Beverage Licenses before a City license will be issued.**
- **Attach a copy of driver's license of the alcohol beverage license holder.**

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

Applicant Signature

Print Name

Date _____

AFFIDAVIT IN SUPPORT OF APPLICATION

(Please type or print clearly)

STATE OF IDAHO)
 :SS
Kootenai County)

Owner Full Name _____ Ss# _____
Premises Address _____
Business Phone _____ Home Phone _____
Home Address _____
Place Of Birth _____ Date Of Birth _____
Time at home address ____ Years ____ Months
Driver's License # _____ (attach copy)

I AM OR WILL BE: Sole Owner Partner Officer Director Stock Holder Manager of business

Do you now have any direct or indirect interest in any other business licensed for the sale of alcoholic beverages?
 No Yes; Explain:

Have you, as an individual, or partner, or while an officer, director or stockholder or a corporation application or licensee ever had an alcoholic beverage license denied, suspended, or revoked by any jurisdiction granting such license, including the state of Idaho and Kootenai County?
 No Yes; Explain:

Have you ever been an alcoholic beverage licensee or officer or director of a corporation holding an alcoholic beverage license?
 No Yes; Explain:

CURRENT AND PAST EMPLOYMENT (for at least the past two years):

Firm Name _____ City _____ State _____ From (year) ____ To (Year) ____
Type of Work _____
Firm Name _____ City _____ State _____ From (year) ____ To (Year) ____
Type of Work _____
Firm Name _____ City _____ State _____ From (year) ____ To (Year) ____
Type of Work _____
(Use reverse side if necessary)

Have you, any partner or the manager of the premises, within the past three years been convicted of a violation of any laws governing or prohibiting the sale of alcoholic beverages or intoxicating liquor? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in dismissal or expungement.) Explain each event fully. (Use reverse side if necessary)
 No Yes; Explain:

Date of Conviction _____ Place of Conviction _____ Offense _____
Date of Conviction _____ Place of Conviction _____ Offense _____

Have you, any partner or the manager of the premises, within the past three years been convicted of a violation of driving under the influence of alcoholic beverages or other intoxicating substances and/or hasn't paid the fine or completed the sentence or parole/probation for such an offense? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in dismissal or expungement.) Explain each event fully. (Use reverse side if necessary)

No Yes; Explain:

Date of Conviction _____ Place of Conviction _____ Offense _____
Date of Conviction _____ Place of Conviction _____ Offense _____

Have you, any partner or the manager of the premises, engaged in the operation of, or has been interested in, any house or place for the purpose of prostitution or engaged in any such house or premises within the city limits of Post Falls which has been declared or found a moral nuisance? (If any of these events has occurred, this question must be answered "Yes".) Explain each event fully. (Use reverse side if necessary)

No Yes; Explain:

Have you, any partner or the manager of the premises, within the past five years been convicted or received a withheld judgment for any crime relating to possession of a controlled substance? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in dismissal or expungement.) Explain each event fully. (Use reverse side if necessary)

No Yes; Explain:

Date of Conviction _____ Place of Conviction _____ Offense _____
Date of Conviction _____ Place of Conviction _____ Offense _____

Do you, any partner or the manager of the premises, allow conduct to occur on the premises which is defined as a moral nuisance by state law or Post Falls ordinance?

No Yes; Explain:

Do you, any partner or the manager of the premises, manage or operate the premises in a way to be a nuisance to surrounding businesses by reason of the conduct of employees or clientele constituting lewd, violent or disorderly behavior?

No Yes; Explain:

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

Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

Residing at _____

My Commission Expires: _____