

GEM COUNTY  
**RETAIL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

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

The undersigned, a(n) Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Date \_\_\_\_\_  
Partnership \_\_\_\_\_ LLC \_\_\_\_\_

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 GEM 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 October 11, 1977.

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:** \_\_\_\_\_  
Board of County Commissioners

**Date:** \_\_\_\_\_

Health Dept Approval