

Atomic City

P.O. Box 34
Atomic City, ID 83215

APPLICATION FOR CITY LIQUOR LICENSE

NEW RENEWAL TRANSFER

License Period: _____ to _____.

APPLICATION FEE:

- Beer (Retail) \$100.00 Wine (By the drink) \$100.00 Transfer of License \$20.00
 Beer (By the drink) \$100.00 Liquor (Wine included) \$225.00

APPLICANT INFORMATION:

Full Name: _____

First

Middle

Last

Home Address: _____

City

State

Zip

Home Phone: () _____ Work Phone: () _____ Cell: () _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

BUSINESS INFORMATION:

Licensee Name: _____

Business Name: _____

Address: _____

Street

City

State

Business Phone: () _____

TRANSFERS:

I HEARBY AUTHORISE THE TRANSFER OF LICENSE NUMBER: _____ FOR: ___ BEER ___ WINE ___ LIQUOR

IS TRANSFERRED TO: _____

Date: _____ Signature of Previous Owner: _____

LICENSEE'S FEDERAL TAX ID# _____ IDAHO TAX ID# _____

ATTACHMENTS:

- Attach Copy of Idaho State Alcohol License
- Attach Copy of Bingham County License
- Attach Copy of Insurance

The property at which I am requesting a license for, I:

- Own
- Rent
- Lease
- Other

(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement.)

Type of Ownership:			
<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation
Give name, residence, DOB, Social Security #, title for all partners			
Partner Name and Title	Address	Social Security #	DOB
Partner Name and Title	Address	Social Security #	DOB
Partner Name and Title	Address	Social Security #	DOB

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT OF MY OWN KNOWLEDGE.

Print Name

Signature

Date

Filing application and paying the fees does not guarantee issuance of License. Inspections by the Bingham County Chief of Police, Building Inspector/Fire Marshal must be completed and in compliance prior to approval by the City Council.

You may get copies of Atomic City's Beer, Liquor, & Wine Ordinance No. 3-2 from the City Clerk or from:

cityofatomiccity.com

APPROVAL: (Application must be brought before the City Council for approval.)

This box for office use only! Do NOT fill out this section.	Date Approved:
Date Fee Paid:	License Date:
_____	_____
City Clerk/Treasurer	Date
_____	_____
Mayor	Date