City of Glenns Ferry

RETAIL ALCOHOL BEVERAGE LICENSE APPLICATION

Applying for the **2026** Year

The undersigned, Corporation ☐ , Partnership ☐ , Individual ☐ does hereby make application for a license to sell during the **Year 2026**, the following (check all that apply):

		Fee
1)	BEER / WINE LICENSE	
_____	draft, bottled, or canned beer TO BE consumed on the premises	$ 100.00
_____	bottled or canned beer NOT TO BE consumed on premises	$ 25.00
2)	LIQUOR LICENSE	$ 375.00
_____	on premises by the drink	
3)	*_____ TRANSFER LICENSE*	*$ 25.00*

Total Due $_____

Idaho State License No. _____ _____ attach copy of license

Elmore County License No. _____ _____ attach copy of license

Within the City of Glenns Ferry, Idaho, at the place of business described below and tenders herewith the license fee as provided by law.

The following is a true and correct statement of the nature, place, ownership and management of the business for which this application is made and of the qualifications and disqualifications of the applicant:

Name of Applicant: _____

Address / Post Office Box: _____

_____

Contact Telephone Number: _____

DBA: _____

Street Address Where License Will Be Displayed: _____

Record Owner of Property: _____

Has the applicant, or any partner of his, or any member of the applying partnership, or the active manager of the applying partnership, or any other officer of the applying corporation been convicted of a violation of any law of the State of Idaho, or any other state, or of the United State regulating, governing, or prohibiting the sale of alcoholic beverages or intoxicating liquor, or has any one of them within three years forfeited, or suffered the forfeiture of, a bond for his appearance to answer charges of any such violation? (as per Idaho §23-910(1) persons not qualified to be licensed)

_____

_____

Has the applicant or any partner or actual active manager or officer of the applicant been convicted of any felony within five years? ☐ *No* ☐ *Yes* _____

IF APPLICANT IS A PARTNERSHIP OR CORPORATION:

Is corporation authorized to do business in Idaho? ☐ *Yes* ☐ *No*
If a corporation, _____ attach names and addresses of officers.
If partnership, _____ attach names and addresses of all partners.

_____

_____

Applicant Signature: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public
Residing at _____
My Commission Expires _____

For Office Use Only ~ Do Not Write Below This Line

License Fee Received: _____

License Fee Amount: _____

Approved by the City Council _____

By: _____ Attest: _____
Mayor City Clerk

City License Number: _____