



Kootenai County Recorder Jennifer Locke, County Clerk
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www.kcgov.us/departments/recorder Email: kcro@kcgov.us

Kootenai County Alcohol Beverage License

YOU MUST PROVIDE A COPY OF YOUR NEWLY ISSUED STATE OF IDAHO RETAIL ALCOHOL BEVERAGE LICENSE

1. APPLICATION TYPE

- Annual renewal (no change)
- New (complete page 2)
- Transfer (complete page 2 and include \$5 transfer fee)

2. TYPE OF BUSINESS

- Individual
- Partnership
- Corporation

- LLC
- LLP

3. LOCATION OR FACILITY

- Inside city limits
- Outside city limits

4. LICENSE TYPE

LICENSE TYPE	SCOPE	COST	OFFICE USE ONLY PRORATED FEE
<input type="checkbox"/> Retail Beer	Sale of bottled and canned beer OFF premises only	\$25.00	\$_____.
<input type="checkbox"/> Draft Beer	Includes ALL beer	\$100.00	\$_____.
<input type="checkbox"/> Beer	Sale of bottled and canned beer on OR off premises	\$75.00	\$_____.
<input type="checkbox"/> Retail Wine	Sale by the bottle	\$100.00	\$_____.
<input type="checkbox"/> Wine by the Drink	Sale by the glass EXCEPT when included with Liquor by the Drink	\$100.00	\$_____.
<input type="checkbox"/> Liquor by the Drink	ON premises only (Includes Wine by the Glass)	25% of State fee \$ _____	\$_____.

TOTAL: \$ _____ TOTAL: \$ _____

5. BUSINESS INFORMATION

Doing Business As: _____
 Business Phone Number: _____
 Business Physical Address: _____
 City: _____ State: _____ Zip Code: _____

6. OWNER INFORMATION

Business Name: _____
 Primary Contact Name: _____
 Primary Contact Phone Number: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Please indicate address to send future correspondence: Email Mailing Address Business Physical Address

I HEREBY MAKE APPLICATION TO OBTAIN A NEW ALCOHOL BEVERAGE LICENSE WITHIN KOOTENAI COUNTY AND TENDER HERewith THE LICENSE FEE, AS PRESCRIBED BY IDAHO CODE §23.

APPLICANT SIGNATURE: _____
 (Signer MUST be authorized to sign for documents pertaining to the Alcohol Beverage Control)

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

DEPUTY INITIALS: _____
DATE: _____

 Notary Public Signature/Deputy Clerk
 Commission Expires: _____
 Residing At: _____

SEAL

ADDITIONAL INFORMATION, ONLY FOR:

- New business
- Transfer of license holders
- Change in facility location
- Change in services offered or
- Change in business name

NEW BUSINESS

Establishment will start serving on: _____

TRANSFER OF LICENSE FROM ONE OWNER TO ANOTHER

Previous Owner's Name: _____

Previous Business Address: _____

New Owner Name: _____

New Business Address: _____

CHANGE IN BUSINESS LOCATION (CURRENT LICENSE HOLDER MOVED TO NEW FACILITY)

Old Address: _____

New Address: _____

CHANGE IN SERVICES OFFERED (ADDED OR REMOVED SERVICES FROM LAST YEARS LICENSE)

Added a Beverage Service: _____

Removed a Beverage Service: _____

CHANGE IN BUSINESS NAME (CURRENT LICENSE HOLDER CHANGED NAME OF BUSINESS)

Old Business Name: _____

New Business Name: _____