



# BANNOCK COUNTY BEER, WINE, AND LIQUOR APPLICATION

YEAR OF LICENSE: 2024      NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ TRANSFER \_\_\_\_\_  
(Transfer Fee \$20.00 Flat Fee)

TO THE BOARD OF COUNTY COMMISSIONERS  
BANNOCK COUNTY, STATE OF IDAHO:

Effective November 2020

The undersigned, hereby, makes application to retail:

LICENSE TYPE:	COUNTY FEE:	AMOUNT DUE:
1. <b>Draft, Bottled and Canned Beer Consumed On Premise</b>	\$100.00	\$ _____
2. <b>Bottled and Canned Beer Consumed On Premise</b>	\$ 75.00	\$ _____
3. <b>Bottled and Canned Beer Consumed Off Premise</b>	\$ 25.00	\$ _____
4. <b>Bottled and Canned Beer Retail Only</b>	\$ 25.00	\$ _____
5. <b>Kegs To Go</b>	\$ 25.00	\$ _____
6. <b>Growlers</b>	\$ 25.00	\$ _____
7. <b>Wine By the Drink (Even if sold in bottle but poured in glass at table)</b>	\$100.00	\$ _____
8. <b>Wine By the Bottle (Bottle can be taken off premise)</b>	\$100.00	\$ _____
9. <b>Liquor By the Drink (Includes Wine fees)</b> State Liquor Only Fee \$ _____ X 25%=		\$ _____
10. <b>Transfer Flat fee of \$20.00</b>	\$ 20.00	\$ _____
	<b>TOTAL OF ALL FEES</b>	\$ _____

Name of Applicant(s): \_\_\_\_\_ (Individual, LLC, Corporation Name)  
 Doing Business as: \_\_\_\_\_  
 Premise Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please make check or money order payable to:  
**Bannock County,**  
**624 E Center Room 104, Pocatello, ID 83201**  
**Auditing Department 208-236-7335**

**A CURRENT COPY OF YOUR STATE OF IDAHO RETAIL ALCOHOL BEVERAGE LICENSE MUST BE ATTACHED.**

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND MAKE APPLICATION TO OBTAIN A NEW ALCOHOL BEVERAGE LICENSE WITH BANNOCK COUNTY AND TENDER HERewith THE LICENSE FEE, AS PRESCRIBED BY IDAHO CODE §23. (Sign in the presence of a Notary or a Deputy Auditor at the Bannock County court house.)

Applicant's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Jason C. Dixon  
County Clerk

\_\_\_\_\_  
Deputy Auditor or Notary Public Signature

Commission Expires: \_\_\_\_\_

Residing At: \_\_\_\_\_

For County Use Only:	STATE	COUNTY	COUNTY FEE
BEER LICENSE	# _____	# _____	\$ _____
WINE LICENSE	# _____	# _____	\$ _____
LIQUOR	# _____	# _____	\$ _____
		TOTAL	\$ _____
		RECEIPT #	_____