

**ALCOHOL BEVERAGE
LICENSE APPLICATION**

City of Council
501 N. Galena
Po Box 606
Council, ID 83612
Ph: 208-253-4201
Fax: 208-253-6463

FOR CITY USE ONLY:

RECEIPT # _____ \$ _____

BEER & WINE \$ _____

LIQUOR/WINE \$ _____

YEAR: _____

LICENSE # _____

New License

Renewal

IN ACCORDANCE WITH ORDINANCE #450 (SECTION 8. LICENSE FEES)

BEER & WINE (50.00)

LIQUOR (\$225.00)

Applicant: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Other Phone: _____

• You must submit copies of your State and County Alcohol Beverage Licenses before a City license will be issued.

I have read all of the above, and declare under penalty of perjury that each and every statement made is true, correct, and complete.

Applicant Signature

Print Name

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

Residing at: _____

Commission Expires: _____