

**TETON COUNTY  
RETAIL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

To the Board of County Commissioners, TETON COUNTY, Idaho.

The undersigned, a(n) Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Date \_\_\_\_\_  
 Partnership \_\_\_\_\_ LLC \_\_\_\_\_  
 Joint Venture \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
 does hereby make application for a license to sell during the year \_\_\_\_\_

	<u>Fee</u>
<b>BEER LICENSE</b> _____ Draft Beer or Bottled or Canned Beer	_____
_____ Bottled or Canned Beer, to be consumed on the premises	_____
_____ Bottled or Canned Beer, NOT to be consumed on the premises	_____
<b>LIQUOR LICENSE</b> _____	_____
<b>WINE LICENSE</b> _____ Retail Wine	_____
_____ Wine by the Drink	_____
_____ Special Wine (Sunday)	_____
<b>Total Fees:</b>	_____

Applicant is the holder of STATE OF IDAHO RETAIL ALCOHOL BEVERAGE LICENSE number \_\_\_\_\_ dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Within TETON COUNTY, at the following described place of business: \_\_\_\_\_  
 \_\_\_\_\_ Idaho, and  
 tenders herewith the license fees of \$ \_\_\_\_\_ as provided by resolution of the Board of County Commissioners of said County, adopted January 1, 1753.

Applicant: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

<b>Is/Has Applicant (and/or his associates):</b>	<b>Active Manager Information:</b>
Citizen(s) of the United States? Yes _____ No _____	Mgrs Name: _____
Over the age of nineteen (19)? Yes _____ No _____	Address: _____
Ever been convicted of a felony? Yes _____ No _____	City/State/Zip: _____

**Applicant Signature:** \_\_\_\_\_  
Officers & Governing Board of a Corporation - Partners if a Partnership - Individual

**THIS SECTION FOR TRANSFERS ONLY**

I hereby authorize the transfer of No. \_\_\_\_\_ Beer License; No. \_\_\_\_\_ Liquor License; No. \_\_\_\_\_  
 Wine License; to \_\_\_\_\_  
 dba \_\_\_\_\_ . Dated this \_\_\_\_\_ day of  
 , 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature of Previous Owner

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

\_\_\_\_\_  
 Notary Public or Clerk of Board of County Commissioners

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_ Health Dept Approval