



WHERE TOMORROW BEGINS

2135 S Ammon Road, Ammon, ID 83406
Phone: (208)612-4000 Fax: (208)612-4009
www.cityofammon.us

GENERAL LIQUOR LICENSE APPLICATION

FOR OFFICE USE ONLY:

Permit #: \_\_\_\_\_

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different than business address)

Type of Business Entity: Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

State Liquor License Number: \_\_\_\_\_ (attach a copy)

Bonneville County Liquor License: \_\_\_\_\_ (attach a copy)

TYPE OF LICENSE BEING REQUESTED

Table with 4 columns: License Type, Fee, License Type, Fee. Rows include Off Premise Consumption (Retail Beer, Retail Wine) and On Premise Consumption (Wine by the Glass, Liquor by the Drink, Beer by the drink, Alcohol Catering Permit).

CATERING PERMITS ONLY

Ammon Liquor License Number: \_\_\_\_\_

Dates Requested \_\_\_\_\_ to \_\_\_\_\_ (maximum of three (3) days)

Event Name or Person using Catering Service: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTION

Has the business ever had a license to serve liquor herein described denied or revoked? YES NO

If yes, please explain: \_\_\_\_\_

BY SIGNING BELOW, THE APPLICANT AGREES: To pay any fees listed above as it is applicable to the business.

THE APPLICANT AFFIRMS THAT: The above 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 and business.

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