



City of Twin Falls
 103 Main Avenue East
 P.O. Box 1907
 Twin Falls, Idaho 83303

Alcohol License - Renewal

Please attach a copy of your state license

Business Name: _____ State License # _____

Doing Business As: _____

Physical Address: _____ City, State, Zip _____

Mailing Address: _____ City, State, Zip: _____

Contact Person: _____ Phone # _____

- | | | | |
|----------------|--|--------------------------|--------------------------|
| Beer: | <i>Bottled for consumption off the premises only</i> | <i>(\$ 50.00)</i> | <input type="checkbox"/> |
| | <i>Bottled for consumption on premises</i> | <i>(\$150.00)</i> | <input type="checkbox"/> |
| | <i>Bottled for Draught for consumption on premises</i> | <i>(\$200.00)</i> | <input type="checkbox"/> |
| Wine: | <i>Retailed Sales for consumption off premises only</i> | <i>(\$200.00)</i> | <input type="checkbox"/> |
| | <i>Wine by the Drink for consumption on premises only</i> | <i>(\$200.00)</i> | <input type="checkbox"/> |
| Liquor: | <i>Liquor license & fees cover wine license and fees</i> | <i><u>(\$562.50)</u></i> | <input type="checkbox"/> |

As provided by the laws of the City of Twin Falls, Idaho for the term ending the next June 30th, herewith, is the license fee of \$ _____

We the undersigned wish to renew the alcohol licenses indicated above, and do hereby swear (or affirm) that no changes have been made since the original application.

Signature of applicant _____

Name: _____

Please Print

License expires June 30th

For Questions call 208-735-7245 [Click here for the City Code \(Title 3 then Chapter 7,8, & 9\)](#)

Return completed form to: Deputy City Clerk, City of Twin Falls, 103 Main Ave. East, Twin Falls, ID 83301