



City of Twin Falls

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

Alcohol License

Please attach a copy of your state license

Business Name: _____ State License # _____

Doing Business As: _____

Physical Address: _____ City, State, Zip _____

Legal Description of Place of Business Lot _____ Block _____ Subdivision _____

Mailing Address: _____ City, State, Zip: _____

Contact Person: _____ Phone # _____

Beer: *Bottled for consumption off the premises only* (\$ 50.00)

Bottled for consumption on premises (\$150.00)

Bottled for Draught for consumption on premises (\$200.00)

Wine: *Retailed Sales for consumption off premises only* (\$200.00)

Wine by the Drink for consumption on premises only (\$200.00)

Liquor: *Liquor license & fees cover wine license and fees* (\$562.50)

License expires June 30th

Total Fee \$ _____

Applicant is an: Individual Partnership Corporation

If a partnership, name all partners:

Name: _____

Name: _____

Name: _____

If a corporation or association, name all officers:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Date of incorporation or organization: _____ Place of incorporation or organization: _____

Principal place of business in Idaho: _____

Owner of premises: _____

Name of person who will manage business of selling beer at retail: _____

(If a partnership, all partners must sign)

Signature of applicant _____

Name: _____ Birth date: _____

Signature of applicant _____

Name: _____ Birth date: _____

Signature of applicant _____

Name: _____ Birth date: _____

Signature of applicant _____

Name: _____ Birth date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____. Notary Public for Idaho
Residing at: _____

Notary Expiration Date: _____

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

CITY STAFF USE ONLY:

Approvals:

Planning and Zoning: Yes _____ No _____

Comments:

Police Department: Yes _____ No _____

Comments:

City Clerk: Yes _____ No _____

Comments:

