

City of Kimberly
P.O. Box Z
242 Hwy 30
Kimberly, Idaho
83341-1125



Phone: 208-423-4151
Fax: 208-423-4297

ALCOHOL BEVERAGE LICENSE RENEWAL NOTICE

It is time to renew your current alcohol beverage license that expires June 30, 2014. Please follow the instructions below to renew your license.

Please read requirements below carefully. Failure to include any of the following could cause delay on license renewal.

- **VERIFY** that the information of the attached form is correct (make changes on the form) and signed.
- **CHECK** The license (s) you desire in the spaces provided.
- **SIGN** the renewal form (**make sure you print your name below your signature**)
- **ATTACH** copies of your 2015 State and County licenses. (If you do not have your State and County licenses yet, you may still return your City license renewal so it can be processed. We will issue you a City license as soon as we receive copies of your State and County licenses.)
- **RETURN** the renewal form and attachments with check (made out to City of Kimberly) P.O. Box Z Kimberly, Id. 83341

LICENSE FEES: Draft Beer	\$ 50.00
Bottled/canned.....	\$ 50.00
Liquor by Drink.....	\$562.50
Wine.....	\$100.00

If you have any questions about your renewal application, please feel free to contact me at the City Hall office between 8:00 a.m. and 5:00 p.m., Monday thru Friday at 423-4151.

Thank you,

Jean Hopkins

City of Kimberly
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ALCOHOL BEVERAGE LICENSE APPLICATION

YEAR _____

Date: _____

BEER (\$50.00) _____

Applicant: _____

DRAFT BEER (\$50.00) _____

Applicant's Address: _____

WINE (\$100.00) _____

Is Applicant a U.S. Citizen? Yes ___ No ___

LIQUOR (\$562.50) _____

Has Applicant been a resident of Idaho for at least 30 days? Yes ___ No ___

Applicant is applying for a license on behalf of: (Check One)

Applicant Individually ___ Corporation ___ Association _____

Partnership ___ Organization _____

Business Name: _____

Names of the officers, directors, members, or owners of the business:

1). _____ 2). _____

3). _____ 4). _____

Business Manager's Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____

If the business is registered with the secretary of state, please provide:

The date upon which the business filed with the secretary of state: _____

The principal place of business for the business: _____

I, the above Applicant, ATTEST:

- *I am of Good Moral Character.*
- *I am not under the age of 19 years of age.*
- *I have not been convicted of any violation of Idaho State Law within the last 3 years or of the United States regulating, governing or prohibiting the sale, manufacture, transportation, or possession of alcoholic beverages or intoxication.*
- *I have not been convicted of a felony, paid a fine, or completed any sentence of confinement within 5 years immediately preceding the date of filing application.*

** You must submit copies of your State and County Alcohol Beverage Licenses before a City license will be issued (Ord. 400 ~~2~~4, 1984).*

**Idaho State Statute Title 23 and City Code Title 5, Chapter 5.04*

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