

City of Ammon
GENERAL LIQUOR LICENSE
Permit Application

2135 S. Ammon Road, Ammon, ID 83406
 PH. (208)612-4000 FAX (208)612-4009
 Website - www.ci.ammon.id.us

FOR OFFICE USE ONLY

Renewal ___ New Application ___
 Permit Number: _____
 Fee Paid \$ _____ Approval Date _____
 Expiration Date _____

TYPE OF LICENSE BEING REQUESTED

	OFFICE USE		OFFICE USE
Retail Beer (Bottled or Canned)* _____	\$ _____	Wine by the Glass _____	\$ _____
Retail Wine (Bottled or Canned)* _____	\$ _____	Liquor by the Drink _____	\$ _____
*Retail sale off premise consumption.		Beer by the Drink _____	\$ _____
General Business (renewal only) _____	\$ _____	Liquor Catering Permit** _____	\$ _____
		**Per Day	

BUSINESS INFORMATION

BUSINESS NAME: _____ (as it appears on State ID Number)

State Liquor License Number: _____ (attach copy)

Bonneville County Liquor License Number _____ (attach copy)

Ammon Liquor License Number _____ (Catering Permit Only)

Catering Permit Information Only:

Dates Requested _____ to _____ (maximum three (3) days)

Event Name or Person using Catering Service _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Mobile: _____ Fax: _____

Contact Name: _____ email: _____

Type of Business Entity: Individual _____ Partnership _____ Corporation _____

Has applicant ever had a license to serve liquor herein described denied or revoked? _____

If yes please explain _____

BY SIGNING BELOW 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.

Signature of Applicant: _____ Date _____