

CITY OF MOSCOW  
LIQUOR LICENSE



**UPDATE APPLICATION**

LICENSE EXPIRES EVERY JANUARY 31ST

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

**APPLICATION TYPE**

- Location Transfer                       Information Update

**BUSINESS INFORMATION *(required)***

Business name (DBA) \_\_\_\_\_ Phone # \_\_\_\_\_

Business street address \_\_\_\_\_

Business mailing address \_\_\_\_\_

Type of business \_\_\_\_\_

Business dates of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_

Business contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Business email \_\_\_\_\_

**PROPERTY INFORMATION *(complete if updating)***

Premises are             owned                       leased/rented

Building owner name \_\_\_\_\_

Building owner address \_\_\_\_\_

Building owner contact email \_\_\_\_\_

Building owner home phone: \_\_\_\_\_ Building owner cell phone: \_\_\_\_\_

*If premises are owned / mortgaged, include a copy of the deed.*

*If premises are leased or rented, attach a copy of lease or other instrument indicating plainly thereon the clause, which constitutes owner's consent to the sale of alcohol on the premises.*

**MANAGER INFORMATION *(complete if updating)***

Manager's name \_\_\_\_\_

Length of Idaho residency \_\_\_\_\_ Date of Birth \_\_\_\_\_

**OWNER TRANSFER CERTIFICATION *(complete if transferring ownership)***

I, the undersigned, do hereby certify that I am the current owner of the business described herein above and do hereby request the transfer of my City of Moscow Alcohol Beverage License to the new owner named above.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**LIQUOR LICENSE INFORMATION** *(complete if updating)*

Type of Liquor License             Leased             Owned            State license #: \_\_\_\_\_

Name of Business Bank Account: \_\_\_\_\_

Address of Business Bank Account: \_\_\_\_\_

I/We hereby authorize the City of Moscow or any of its officers, to examine my/our bank accounts or any bank accounts established in connection with this business, and to examine and secure copies of any business records or documents established in connection with the business bookkeeper or with the above-named escrow holder.

\_\_\_\_\_  
*Applicant's signature*

If liquor license is leased:

Monthly Rental: \$ \_\_\_\_\_            Expiration Lease Date: \_\_\_\_\_

Does lease or rental agreement include furniture and fixtures: [   ] YES            [   ] NO

*Attach a copy of the liquor license lease.*

**PREMISES DIAGRAM / FLOOR PLAN**

**If updating a floor plan**, attach a sketch (no architectural blue prints) showing the entire area proposed to be licensed to sell, serve, dispense or store alcoholic beverages. *See Attachment B for details and sample drawing.* The sketch should be on paper no larger than 8.5" x 11" and include requirements as stated on **Attachment B**.

**APPLICANT INFORMATION** *(complete if updating)*

Idaho State Tax Commission Seller's Permit Number (SEIN) \_\_\_\_\_

Idaho Tax ID Number (FEIN) \_\_\_\_\_

Applicant is a             Sole proprietor             Partnership             Corporation

*If a corporation, partnership or association, also provide information on Attachment A.*

Applicant Name *(print - last, first, middle)* \_\_\_\_\_

List any and all previous names \_\_\_\_\_

Title \_\_\_\_\_            Date of birth \_\_\_\_\_

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

Idaho resident             Yes             No            Length of Idaho residency \_\_\_\_\_

Contact email \_\_\_\_\_            Phone \_\_\_\_\_

Yes     No            Has Applicant or anyone listed on **Attachment A** ever had an alcohol license suspended, denied or revoked? *(if yes, attach explanation);*

Yes     No            Has Applicant or anyone listed on **Attachment A** ever been convicted of any felony, any alcohol-related misdemeanor or facing any pending criminal charges? *(if yes, attach explanation);*

Yes     No            Has Applicant or anyone listed on **Attachment A** ever held any interest in any other business licensed for the sale of alcoholic beverages? *(if yes, attach explanation);*

Yes     No            Does anyone have any financial interest in the Applicant's business not previously listed on **Attachment A**, including silent partners, private financial loans, etc.? *(if yes, attach additional sheet providing name, phone, address and ownership interest);*

- Yes  No The applicant and/or anyone listed on **Attachment A** is the bona fide owner of the business which will be engaged in the sale of beer at retail and with respect to which such license is sought (*if no, attach explanation*);
- Yes  No The applicant, and/or each person employed by an applicant whose duties include the serving or dispensing of beer, and/or anyone listed on **Attachment A** is not less than nineteen (19) years of age (*if no, attach explanation*);
- Yes  No The condition and location of the proposed premises to sell beer at retail conforms to all laws and regulations of the State of Idaho and to the ordinances of the County of Latah, Idaho, and the City of Moscow applicable thereto relating to public health and safety and to the zoning ordinances of the City (*if no, attach explanation*);
- Yes  No Is there is a stamp or permit outstanding and in force which has been issued to any person by the United States government for the premises for which license to sell beer at retail is sought which stamp or permit denotes payment of any special tax imposed by the United States government on a retail dealer in liquor or wines unless said premises are premises for which a retail license for sale of liquor by the drink issued under the provisions of Chapter 9, Title 23, Idaho Code (*if yes, attach explanation*);
- Yes  No Have you, the manager, employee, or anyone listed on **Attachment A**, within three (3) years immediately preceding the date of filing the application, been convicted of the violation of any law of the State, or any other State, or of the United States, or of any ordinance of any county or of the City, regulating, governing or prohibiting the sale, manufacture, transportation or possession of alcoholic beverages, intoxicating liquors, narcotic drugs or controlled substances, or within said time, suffered the forfeiture of a bond for failure to appear in answer to charges of any such violation (*if yes, attach explanation*);
- Yes  No Have you, the manager, employee, or anyone listed on **Attachment A** within five (5) years preceding the date of filing the application, been convicted of any felony or paid any fine or completed any sentence of confinement (*if yes, attach explanation*);
- Yes  No Have you, the manager, employee or anyone listed on **Attachment A** within three (3) years immediately preceding the date of filing the application had any license provided for in Moscow City Code, or any license or permit issued to the applicant pursuant to the law or ordinance of the State, or any other state, or of the United States, or of the City, to sell, manufacture, transport or possess alcoholic beverages or intoxicating liquors revoked (*if yes, attach explanation*).

**FINAL CERTIFICATION (required)**

I, \_\_\_\_\_ (*applicant name*) shall indemnify and hold harmless the City of Moscow from and for any and all losses, claims, actions, judgements for damages or injury to persons and property and losses and expenses caused or incurred by \_\_\_\_\_ (*business name*), its servants, agents, employees, guests and business invitees, and not caused by or arising out of the tortious conduct of the City of Moscow or its employees.

I have read the foregoing and understand that the terms of this Agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this Agreement. By signing below, I, \_\_\_\_\_ (*applicant name*), certify under penalty of perjury pursuant to the law of the State of Idaho, that the foregoing is true and correct.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Return application to City Clerk, 206 E 3rd Street, Room 304 or PO Box 9203, Moscow ID 83843. A copy of the updated Idaho State Police (State of Idaho) and Latah County alcohol licenses are required, if applicable.**

CITY OF MOSCOW  
CORPORATION / PARTNERSHIP / ASSOCIATION



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

**BUSINESS INFORMATION**

Business name (DBA) \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business contact person \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant is a       Partnership       Corporation       Association

***Provide partner / officer / director information below.***

Name (*print - last, first, middle*) \_\_\_\_\_

List any and all previous names \_\_\_\_\_

Title \_\_\_\_\_ U.S. Citizen    Yes    No   Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Length of Idaho residency \_\_\_\_\_

Name (*print - last, first, middle*) \_\_\_\_\_

List any and all previous names \_\_\_\_\_

Title \_\_\_\_\_ U.S. Citizen    Yes    No   Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Length of Idaho residency \_\_\_\_\_

Name (*print - last, first, middle*) \_\_\_\_\_

List any and all previous names \_\_\_\_\_

Title \_\_\_\_\_ U.S. Citizen    Yes    No   Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Length of Idaho residency \_\_\_\_\_

Name (*print - last, first, middle*) \_\_\_\_\_

List any and all previous names \_\_\_\_\_

Title \_\_\_\_\_ U.S. Citizen    Yes    No   Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Length of Idaho residency \_\_\_\_\_

Name (*print - last, first, middle*) \_\_\_\_\_

List any and all previous names \_\_\_\_\_

Title \_\_\_\_\_ U.S. Citizen    Yes    No   Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Length of Idaho residency \_\_\_\_\_

***If a CORPORATION or ASSOCIATION, provide a copy of corporation papers and by-laws.***

Date of incorporation/organization \_\_\_\_\_ Place of incorporation/organization \_\_\_\_\_

Principal business address in Idaho \_\_\_\_\_

**CITY OF MOSCOW  
BEER, WINE AND/OR LIQUOR LICENSE  
DIAGRAM OF PREMISES**



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

**BUSINESS INFORMATION**

Business name (DBA) \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business contact person \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**PREMISES DIAGRAM / FLOOR PLAN**

Attach a diagram (no architectural blue prints) showing the entire area proposed to be licensed to sell, serve, dispense or store alcoholic beverages. If applying for a sidewalk café, include the café area as well. The diagram should be on paper no larger than 8.5" x 11" and include the following:

- 1) dimensions of the premises sought to be licensed, including the sidewalk café area if applicable;
- 2) location of every entrance and exit to and from the premises;
- 3) location of every wall and interior partition of the premises;
- 4) location of the bar or bars from which beer will be dispensed;
- 5) location of the kitchen and kitchen facilities, if any;
- 6) location of the area wherein food and/or meals, if any, will be served to the public;
- 7) location of the lavatories and washrooms;
- 8) seating arrangement including location of tables, chairs and stools in the areas where beer, food and meals, and each of them will be served;
- 9) dimensions of each such area and room within the licensed premises;
- 10) location and dimensions of the access to the premises from the public street(s) of the City;
- 11) location and dimensions of the fire lane(s), if any, adjacent to the premises;
- 12) location and dimensions of the parking area, if any, for patrons using the premises.

