



Heart of the Arts



Bill Lambert
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Art Bettge
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Council Member

Gina Taruscio
Council Member

John Weber
Council Member



Gary J. Riedner
City Supervisor



City of Moscow, City Hall
c/o Gary J. Riedner, City Supervisor
206 East 3rd Street
P.O. Box 9203
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Hearing Impaired (208) 883-7019



INSTRUCTIONS TO APPLICANT FOR CITY OF MOSCOW ALCOHOL LICENSE

You may apply for your license with the attached form and fee prior to receiving your State and County licenses however, your City license will not be issued until all requirements listed below have been satisfied.

Please note the following attached forms must be completed and returned for license consideration:

1. Fee Schedule
2. Application Form
3. Personal Affidavit in Support of Application (one application will be needed for each owner, director, partner, stockholder, officer, and/or manager)
4. Floor Plan (same plan turned into the State of Idaho)
5. Restaurant Certification - if applicable (required if anyone under 21 will be allowed on the premises – for on premise consumption only)
6. Financial Affidavit in Support of Application
7. If corporation, complete corporation questionnaire and attach copy of corporation papers and by-laws

Applicant should submit a copy of building lease if applicable.

The City of Moscow requires that all premises to be licensed must be inspected by Code Enforcement (City of Moscow Building, Fire and Health) before a license is issued. Upon receipt of your application and fee to the Clerk's office, Code Enforcement will be notified of the need for inspecting the premises, and all Personal Affidavits will be submitted to the Police Department for investigation.

Following is the chain of events required **before your City of Moscow license will be issued:**

- (1) Submittal of City of Moscow forms and fees
- (2) Inspectors' approval
- (3) Police Department investigation approval
- (4) Copy of your Idaho State License submitted to City Clerk's office
- (5) Copy of your Latah County License submitted to City Clerk's office

Once all aspects of the licensing process have been satisfactorily completed, your license will be issued.

If you have any questions regarding your license application, please contact the City Clerk's office, 883-7015.

m:\city clerk\bin\alcohol license\instructions to applicant.doc

**CITY OF MOSCOW
APPLICATION FOR BEER, WINE, AND/OR LIQUOR LICENSE**

CHECK ALL THAT APPLY:

9-6-6	BEER LICENSE:		
	A. ANNUAL FEE		
	(1) Consumption on premise	200.00	[]
	(2) Bottled & canned beer with no on-premise consumption	50.00	[]
	B. TRANSFER FEE	50.00	[]
9-7-6	LIQUOR LICENSE:		
	A. ANNUAL FEE	562.50	[]
	B. TRANSFER FEE	562.50	[]
9-8-5	WINE LICENSE: (check if not applying for Liquor License; if applying for Liquor License, wine is included)		
	A. ANNUAL FEE		
	(1) Wine on and off premise consumption (combined)	200.00	[]
	(2) Wine on premise consumption ONLY	150.00	[]
	(3) Wine off premise consumption ONLY	150.00	[]
	B. TRANSFER FEE	50.00	[]
	INSPECTION FEE: (mandatory unless waived as explained below)	105.00	[<input checked="" type="checkbox"/>]
	RESTAURANT CERTIFICATION (no charge)	-0-	[]

TOTAL AMOUNT DUE: \$ _____

INSPECTION FEE: Please note the inspection fee covers the cost of required inspections by Building, Fire and Health Inspector. This fee must be paid before any inspections will be commenced. If license application is withdrawn, the fee will be forfeited to the City. If a building permit is required for any construction or remodeling, the fee will be waived.

ALL LICENSES ISSUED FOR A PORTION OF A YEAR SHALL BE PRO-RATED AS OF THE MONTH OF ACTUAL ISSUE; PROVIDED THAT NO FEE SHALL BE LESS THAN ONE-HALF OF THE TOTAL FEE HEREIN SET FORTH.

CITY OF MOSCOW

APPLICATION FOR LICENSE FOR RETAIL:

YEAR _____

- Beer - Consumption ON premise
- Beer – Consumption OFF premise
- WINE – Consumption ON premise
- WINE – Consumption OFF premise
- LIQUOR BY THE DRINK
- Restaurant Certification

Name of Applicant(s): _____

Name of Business: _____

Mailing Address of Business: _____

Location of Premise: _____

Business Phone: _____ Applicant’s Phone: _____

If Application is a Partnership, supply the name, address and phone number of all partners:

NAME	ADDRESS	TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Application a Corporation? YES NO If “YES” complete Corporation questionnaire

Manager’s Name: _____

Manager’s Address: _____

Manager’s Telephone Number: _____

(If application not signed before the Moscow City Clerk or authorized agent, applicant’s signature must be notarized.)

_____ Signature of Applicant	_____ Title	_____ Date
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Subscribed and sworn to before me this _____ day of _____, 200__.

 NOTARY PUBLIC in and for the State of _____
 Residing at _____
 My Commission Expires: _____

**CITY OF MOSCOW
PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION AND
LICENSE INVESTIGATION REPORT**

Individual's Full Name: _____

List any and all aliases: _____

Social Security Number: _____ U.S. Citizen: YES NO

SEX _____ Height _____ Weight _____ Color Eyes _____ Color Hair _____

Name of Business: _____

Business Address: _____

Individual's Home Address: _____

Business Telephone: _____ Individual's Home Telephone: _____

Place of Birth: _____ Date of Birth: _____
CITY STATE MONTH/DAY/YEAR

I am or will be (check all that apply): Sole Owner Director Partner
 Stockholder Officer Manager
Other: (Specify): _____

Do you now have any direct or indirect interest in any other business licensed for the sale of alcoholic beverage?
 NO YES If YES, please explain:

Have you, as an alcoholic beverage licensee or officer or director of a corporation applicant or licensee, or as an individual, partner, or while an officer, director or stockholder ever, anywhere or at any time within three years preceding the date of filing the application, had any license or permit pursuant to any law or ordinance of this state, or any state, or of the United States or any city, to sell, manufacture, transport, or possess alcohol beverages or intoxicating liquors, revoked, suspended, or denied? NO YES If YES, please explain:

Have you ever, anywhere or at any time within three years immediately preceding the date of filing this 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?
 NO YES If YES, please explain:

DATE OF ARREST PLACE OF ARREST OFFENSE RESULT

Have you ever, anywhere, or at any time within the last five years immediately preceding the date of filing this application, been convicted of any felony or paid any fine or completed any sentence of confinement therefore?

[] NO [] YES If YES, please explain:

DATE OF ARREST	PLACE OF ARREST	OFFENSE	RESULT

Please list current and past employment (for past two years):

NAME OF COMPANY	CITY STATE	TYPE OF WORK	DATES EMPLOYED

READ CAREFULLY:

I have read this page and the page preceding, and declare under penalty of perjury that each and every statement made is true, correct and complete; I understand that an investigation will be made on all information contained in this application; I further authorize the City of Moscow and the Moscow Police Department to investigate my past and present work, character and police records and any information which may be pertinent to this license application whether the same is of record or not. This inquiry may result in the disclosure of information from various agencies concerning police records, employment and related histories.

I authorize the release of any and all factual information whether same is of record or not, and I do hereby release all persons, organizations, firms, agencies, companies, groups or installations, whomsoever, from any damages caused by, or resulting from, furnishing such information. I further agree that a copy of this release shall function as an original.

Today's Date

Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 200__.

NOTARY PUBLIC in and for the State of _____
Residing at _____
My Commission expires: _____

DO NOT WRITE BELOW THIS LINE

=====

THIS SPACE FOR OFFICIAL POLICE REPORT:

Recommend license approval _____ Not Recommend license approval _____

Comments: _____

Investigator's Signature _____ Today's Date _____

CITY OF MOSCOW**FLOOR PLAN OF THE PREMISES FOR WHICH APPLICATION FOR LICENSE IS MADE:**

Sketch should show the entire area proposed to be licensed and contain the following information:

1) dimensions of the premises sought to be licensed; (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. Also indicate in the margin, the direction and distance to the nearest school, church, or other place of worship, measuring from the nearest entrance or exit of the licensed premises to the nearest point on the property edge of the school and/or church or other place of worship, if within 300 feet.

RESTAURANT CERTIFICATION

Statement under oath in application for certificate showing premises licensed for the sale of beer for consumption on premises that are operated as a restaurant as defined by the ordinances of the City of Moscow, Idaho.

_____ Exact Name of Business _____ Address _____

State of _____)
_____)
County of _____)

I, _____, being first duly sworn on oath, depose and say: That I am connected with the above business as the _____;
Owner, partner, officer of the corporation

That the premises for which said license above-specified has been issued, are now and will continue to be, premises constituting and operating as a “restaurant” as defined by Moscow City Code 9-6-2, except that part of the licensed premises described or known as : _____;
_____;

That this application and statement under oath is made for the purpose of obtaining a certificate showing the beer license has been issued for premises which constitute and are being operated as a restaurant;

That the premises for which application is made has a kitchen and cooking facilities and hot meals are regularly served to the public at said premises.

Exact Name (Signature) of Licensee

Subscribed and sworn to before me this ____ day of _____, 200__.

NOTARY PUBLIC in and for the State of _____
Residing at _____
My Commission Expires: _____

(NOTE: Any false statement as to the qualifications as a restaurant may be considered as basis for revoking the beer license.)

CITY OF MOSCOW
FINANCIAL AFFIDAVIT IN SUPPORT OF APPLICATION

Applicant(s) Business Name: _____

Applicant(s) Business Address: _____

Lessor or Name of Building Owner: _____

Address of Building Owner or Lessor: _____

Lessee or Rentor of Building: _____

Lessee or Rentor's Address: _____

Monthly Rental: \$_____ Expiration Lease Date: _____

Does Lease or Rental Agreement Include Furniture and Fixtures: [] YES [] NO
(NOTE: Attach a copy of your lease to this form)

PURCHASE AND INVESTMENT INFORMATION:

License: License Purchased from _____
[] leased [] owned cost \$_____

Goodwill _____

Realty or Interest Therein: _____

Furniture & Fixtures
Inventory: _____

Approximate Working Capital: \$_____ TOTAL INVESTMENT \$_____

Name of Escrow Holder _____

Address of Escrow Holder _____

Of the total investment, \$_____ will be cash and \$_____ will be or has
been derived from the following sources: _____

The remaining amount of \$_____ will be paid as follows: _____

Name of Business Bank Account: _____

Address of Business Bank Account: _____

Applicant(s) understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s).

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. I/We have also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

Signature of Applicant Title

Subscribed and sworn to before me this _____ day of _____, 200____.

NOTARY PUBLIC in and for the State of _____
Residing at _____
My Commission Expires: _____

Signature of Applicant Title

Subscribed and sworn to before me this _____ day of _____, 200____.

NOTARY PUBLIC in and for the State of _____
Residing at _____
My Commission Expires: _____

CITY OF MOSCOW
IDAHO CORPORATION QUESTIONNAIRE

Name of Corporation: _____

d.b.a. _____

Street Address _____ City _____ Zip _____ County _____

OFFICERS AND/OR DIRECTORS:

<i>NAME</i>	<i>TITLE</i>	<i>ADDRESS</i>

Attorney's Name: _____

Attorney's Address: _____ Telephone: _____

Date Incorporated: _____ Place Incorporated: _____

Secretary of State's File Number: _____

STOCK CERTIFICATE BOOK SHOWS PRESENT STOCKHOLDERS AS FOLLOWS:

Name	Address	Certificate Number	Date Issued	Number of Shares	Cancellation Date

Corporation's Principal Office Where Stock Registrar will be maintained: _____

I hereby certify that there have been no changes in officers, director, or stockholder that have not been reported to the CITY OF MOSCOW and that each such officer, director, and stockholder is the real party in interest with respect to their portion and is not acting directly or indirectly as an agent, employee or representative or any other person not reported to the City.

Signature

Title

SUBSCRIBED and sworn to before me this ____ day of _____, 200__.

NOTARY PUBLIC in and for the State of _____
Residing at _____
My Commission Expires: _____

Signature

Title

SUBSCRIBED and sworn to before me this ____ day of _____, 200__.

NOTARY PUBLIC in and for the State of _____
Residing at _____
My Commission Expires: _____