CITY OF POST FALLS POLICE DEPARTMENT

1717 E POLSTON AVE
POST FALLS, ID 83854
208-773-3517

FOR CITY USE ONLY:
RECEIPT #_____ $_____
LICENSE #_____
BEER $_____
WINE $_____
LIQUOR/WINE $_____
001-6321

ALCOHOL BEVERAGE LICENSE APPLICATION
(Chapter 5.04)

YEAR _____
☐ New License
☐ Renewal

TAVERN SALES (ON PREMISES)
(☐) BEER ($200.00)
(☐) WINE ($200.00)
(☐) LIQUOR/WINE ($562.50)
(☐) LIQUOR/WINE-CLUB ($281.25)
(☐) LIQUOR/WINE-GOLF COURSE ($300.00)

STORE SALES (OFF PREMISES)
(☐) BEER ($50.00)
(☐) WINE ($200.00)

Applicant: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business phone: _____ Other Phone: _____

Email address: _____

- ***Attach copy of application for State license, including a copy of site and floor plans submitted with state application.***
- ***You must submit copies of your State and County Alcohol Beverage Licenses before a City license will be issued.***
- ***Attach a copy of driver's license of the alcohol beverage license holder*.**

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

_____
Date

CITY OF POST FALLS POLICE DEPARTMENT

AFFIDAVIT IN SUPPORT OF APPLICATION

(Please type or print clearly.

STATE OF IDAHO)
:ss
Kootenai County)

Owner Full Name_____ SS# _____
Premises Address _____
Business Phone _____ Home Phone _____
Home Address _____
Place of Birth _____ Date of Birth _____
Time at home address ____ Years ____ Months
Driver's License #_____ **(ATTACH COPY)**

I AM OR WILL BE: ☐Sole Owner ☐Partner ☐Officer ☐Director ☐Stock Holder ☐Manager of business

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Do you now have any direct or indirect interest in any other business licensed for the sale of alcoholic beverages?

☐No ☐Yes; Explain:

Have you, as an individual, or partner, or while an officer, director or stockholder or a corporation application or licensee ever had an alcoholic beverage license denied, suspended, or revoked by any jurisdiction granting such license, including the state of Idaho and Kootenai County?

☐No ☐Yes; Explain:

Have you ever been an alcoholic beverage licensee or officer or director of a corporation holding an alcoholic beverage license?

☐No ☐Yes; Explain:

CURRENT AND PAST EMPLOYMENT (for at least the past two years):

Firm Name _____City _____State _____From (year) _____ To (year) _____
Type of Work _____
Firm Name _____City _____State _____From (year) _____ To (year) _____
Type of Work _____
Firm Name _____City _____State _____From (year) _____ To (year) _____
Type of Work _____
(Use reverse side if necessary)

Have you, any partner or the manager of the premises, within the past three years been convicted of a violation of any laws governing or prohibiting the sale of alcoholic beverages or intoxicating liquor? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in dismissal or expungement.)

Explain each event fully. (Use reverse side if necessary) ☐No ☐Yes; Explain:
Date of Conviction _____ Place of Conviction _____ Offense _____
Date of Conviction _____ Place of Conviction _____ Offense _____

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Have you, any partner or the manager of the premises, within the past three years been convicted of a violation of driving under the influence of alcoholic beverages or other intoxicating substances and/or hasn't paid the fine or completed the sentence or parole/probation for such an offense? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in dismissal or expungement.) Explain each event fully. (Use reverse side if necessary)

☐No ☐Yes; Explain:

Date of Conviction _____ Place of Conviction _____ Offense _____
Date of Conviction _____ Place of Conviction _____ Offense _____

Have you, any partner or the manager of the premises, engaged in the operation of, or has been interested in, any house or place for the purpose of prostitution or engaged in any such house or premises within the city limits of Post Falls which has been declared or found a moral nuisance? (If any of these events has occurred, this question must be answered "Yes".) Explain each event fully. (Use reverse side if necessary)

☐No ☐Yes; Explain:

Have you, any partner or the manager of the premises, within the past five years been convicted or received a withheld judgment for any crime relating to possession of a controlled substance? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in dismissal or expungement.) Explain each event fully. (Use reverse side if necessary) ☐No ☐Yes; Explain:

Date of Conviction _____ Place of Conviction _____ Offense _____
Date of Conviction _____ Place of Conviction _____ Offense_____

Do you, any partner or the manager of the premises, allow conduct to occur on the premises which is defined as a moral nuisance by state law or Post Falls ordinance?

☐No ☐Yes; Explain:

Do you, any partner or the manager of the premises, manage or operate the premises in a way to be a nuisance to surrounding businesses by reason of the conduct of employees or clientele constituting lewd, violent or disorderly behavior?

☐No ☐Yes; Explain:

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

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public _____

Residing at _____ My Commission Expires: _____

CITY OF POST FALLS POLICE DEPARTMENT

Authorization for Release of Personal Information

Print Name: _____, _____, _____
(First) (Middle) (Last)

Former Business Name(s) and Date(s) Used:

_____

Current Business Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Business Address: _____
(Street) (City) (Zip/State)

Employer ID Number (EIN): _____ Telephone Number: _____
Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Post Falls Police and its designated agents and representatives to conduct a comprehensive review of my background causing a criminal history report and/or an investigative criminal history report to be generated. I understand that the scope of the criminal history/investigative report may include, but is not limited to the following areas: verification of Employer ID Number; credit reports; current and previous business addresses; references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me or my business, to Post Falls Police or its agents. I further authorize the complete release of any records or data pertaining to me or my business which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Post Falls Police and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's business information.

SIGNED: _____
(Signature of Applicant)

THE ABOVE WAS SUBSCRIBED AND SWORN TO BEFORE ME ON: _____
(DATE)

_____
NOTARY PUBLIC FOR IDAHO

Residing at: _____ My commission expires: _____ Affix Stamp