



**THE APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL THE REQUIRED INFORMATION.**

<b>Applicant:</b>		<b>Date complete application received:</b>
		<b>Date license issued or denied:</b>
<b>Applicant</b> <input checked="" type="checkbox"/>	<b>APPLICATION REQUIREMENTS:</b>	<b>Staff</b> <input checked="" type="checkbox"/>
	<b>Completed application</b>	
	<b>Application Fees:</b>	
	<b>Beer – On premise consumption/retail – \$200.00</b>	
	<b>Wine – On premise consumption/retail - \$200.00</b>	
	<b>Retail sales only - \$50.00</b>	
	<b>Liquor by the Drink - \$562.00</b>	
	<b>Food and Drink - \$25.00</b>	
	<b>Pool Tables (each) - \$20.00</b>	
	<b>Copy of Central District Health Permit</b>	
	<b>Copy of Idaho State license to sell/serve alcohol</b>	
	<b>Copy of Ada County license to sell/serve alcohol</b>	
<b>STAFF USE ONLY:</b>		
	<b>City of Garden City Development Services Department approval</b>	
	<b>City Clerk approval</b>	



**PREMISES INFORMATION**

Name of Business on premises: \_\_\_\_\_

Physical address of premises: \_\_\_\_\_

Phone number of premises: \_\_\_\_\_

Within 300' of school or place of worship:  No  Yes

Applicant's interest in property:  Own  Rent  Other \_\_\_\_\_

Premises owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_

Applicant physical address: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

**BUSINESS INFORMATION**

Nature of business conducted at premises: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Type of Alcohol Sales: (circle) Beer Wine Liquor

Hours of alcohol sales: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>ADMINISTRATIVE REVIEW (FOR INTERNAL USE ONLY)</b>	
CITY CLERK SIGNATURE _____	DATE: _____
FINAL COPIES TO: <input type="checkbox"/> Applicant <input type="checkbox"/> Springbrook	