100 Center St. – PO Box 9 – McCammon, ID 83250
Ph: 208-254-3200 Fax: 208-254-3844
Email: McCammonCity@gmail.com

BEER & WINE RETAIL LICENSE APPLICATION

A beer & wine retail license is required to sell, deal in, lend or dispose of by gift or otherwise any beer or wine within the City of McCammon, Idaho. Fill out application completely and legibly. Failure to do so will result in your application being returned. The beer & wine retail license is active for the current year, expiring on October 31 of each year. Fees will not be prorated, and are not refundable. County and State Licenses are required prior to receiving a City License.

Please send a copy of your County and State Licenses with this application.

Please check all that apply and include payment with this application.

☐ **New** ☐ **Renewal**

Retail Wine

☐ Off-Premises Only (e.g., convenience store – not consumed on site): $25.00
☐ On-Premises Consumption (e.g., event, restaurant – served by the glass): $50.00

Retail Beer

☐ Off-Premises Only (e.g., convenience store – not consumed on site): $25.00
☐ On-Premises Consumption (e.g., event, restaurant – served by the glass): $50.00

Owner: _____ Phone #: _____

Business Name: _____ EIN #: _____

Business Street Address: _____

Business Mailing Address: _____

On-site Owner/Manager Name(s): _____

On-site Owner/Manager Contact Number(s): _____

I have had a Beer/Wine License revoked or suspended: Yes: _____ No: _____

If yes, state reasons and final action taken: _____

_____

All applications require council approval. New applications must be received four days before the next scheduled council meeting.

I hereby acknowledge that I have filled in this application accurately to the best of my knowledge. I will operate this license in compliance with all pertinent Federal, State, and Municipal laws, ordinances, rules and regulations; I have no fees, charges, assessments or other obligations due to the City except current taxes.

_____ _____

Signature of Owner or Authorized Agent Date

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OFFICE USE ONLY

License #: _____

*Approved*_____ *Denied*_____ *Date Issued:* _____

_____ _____

Date *(Mayor)*

_____

(City Clerk)