



CITY OF LEWISTON ALCOHOL BEVERAGE LICENSE

PURPOSE AND DEFINITION

An alcohol beverage license is required by the Lewiston Municipal Code for protection of the citizens and businesses operating in the City.

WHEN REQUIRED

An alcohol beverage license is required when any person is:

- Selling or dispensing liquor;
- Selling or dispensing beer or wine by the drink;
- Selling or dispensing beer or wine by retail.

Each business location is considered to be a separate business and requires a separate alcohol beverage license.

If your business changes ownership or if you move your business to a new location, the alcohol license is automatically void. A new alcohol license is required if either event takes place.

HOW TO APPLY

You may obtain an alcohol license application from the Community Development Department. The Business License office can provide you with the necessary City applications and help identify other information you may need to provide in order to apply for your license. A business & occupation license is also required. You may call the Business License Office at 208-746-7363 to request an application or go to the city website at www.cityoflewiston.org to print one.

TIME FRAME

A license review takes approximately fifteen (15) working days from the time we receive the license applications to the time you receive your license. In some instances, the time frame may be longer due to the State and County licenses, building deficiencies requiring correction and/or delays in a construction or remodeling.

LICENSE FEE

Retail Beer License	Off Premises, \$50	On Premises, \$200
Liquor (includes Wine by the Drink)	\$562.50	
Retail Wine License	\$200	
Wine by the Drink License	\$200	
Combination Liquor, Wine by the Drink, Retail Beer On Premise	\$762.50	

REVIEW PROCESS

When the completed alcohol and business license applications have been received, with copies of your State and County licenses attached, the applications are sent to the Police, Fire and Health Departments, the Building Official and the Planning and Zoning staff for review. Inspections by the Fire Department may be required to process the application. If an inspection is required, it will be scheduled at the convenience of the applicant. If the results of the inspection indicate building deficiencies, you will receive a letter of the inspector's findings with a list of corrections. The City, at its option, may issue a conditional license until the repairs or corrections are completed.

STATE AND COUNTY ALCOHOL LICENSES REQUIRED

You will also need a State alcohol license and a County alcohol license. You may apply for your City alcohol license during the interim of receiving your state and county licenses, but you will need to provide a copy of both your state and county licenses prior to the issuance of your City license.

State Alcohol Beverage License - Idaho Department of Law Enforcement, Alcohol Beverage Control Office, PO Box 700, Meridian, ID 83680-0700 – Toll Free (888) 222-1360 or (208) 884-7060.

County Alcohol License - Nez Perce County Auditor's Office at the County Courthouse, 1230 Main Street, Lewiston, ID 83501 - (208) 799-3070.



CITY OF LEWISTON ALCOHOL BEVERAGE APPLICATION

This application is required for any business to dispense, sell or serve alcohol within the corporate city limits of Lewiston. It must accompany the application for a business license, unless a valid business license already exists. A copy of a state and county alcohol license will be required prior to license approval. Submit application(s) and attachments to: City of Lewiston, Business Licensing, 215 "D" St or PO Box 617, Lewiston ID 83501. Questions may be directed to (208) 746-7363.

New Renew Transfer Change _____

I Am Applying For:	<input type="checkbox"/> Retail Liquor (Wine by the Drink Included) \$562.50	<input type="checkbox"/> Wine by the Drink \$200.00 <input type="checkbox"/> Transfer \$10.00	<input type="checkbox"/> Retail Wine \$200.00 <input type="checkbox"/> Transfer \$10.00	Retail Beer <input type="checkbox"/> On Premise \$200.00 <input type="checkbox"/> Off Premise \$50.00 <input type="checkbox"/> Transfer \$10.00
---------------------------	---	--	--	---

BUSINESS INFORMATION

Idaho Name (DBA):	Business Telephone ()	Fax ()
Lewiston Business Location:	Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #	Federal Tax Identification Number
State of Idaho Alcohol License No.: _____	Application for a city alcohol license may be submitted prior to issuance of a state and county alcohol beverage license, however, it will be necessary to provide a copy of the state and county alcohol license to the city prior to the issuance of a city license.	
Nez Perce Co. Alcohol License No.: _____	City Business License: <input type="checkbox"/> Pending <input type="checkbox"/> Issued	Bus. Lic. No.: _____

LICENSE AND FEES: Refer to Business & Occupation Fee Schedule to determine fees. **Alcohol License Fees** \$ _____

Retail Liquor: Written consent of 75% of all property owners and lessees operating a business within 200 feet is required. **Inspection Fee** \$ _____

Total Fees Due \$ _____

AFFIDAVIT OF APPLICATION

The undersigned hereby makes application to dispense, sell or serve alcohol beverages within the City of Lewiston, Idaho, at the location of the above mentioned business premises, under the provisions of the Ordinances of the City of Lewiston and files herewith his/her affidavit in support thereof and tenders herewith the license fee as provided by said Ordinance.

The undersigned also certifies the information in this application is true and correct and complete to the best of their knowledge and belief and has the authority to sign this document. Legal signatures include: sole proprietor-owner, corporate officer, partner, managing member or agent.

Authorized Persons Name:	Title	Res. Tele: ()
Residence Address:	Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4	Cell No.: ()
Date of Birth:	Place of Birth:	SSN:
		Are you a resident of Lewiston? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ yrs

I am 21 years of age or older and have never been convicted of a felony, nor have I been convicted of any offense under the laws of the United States, the laws of the state of Idaho, or the Ordinances of the City of Lewiston dealing with the sale of alcoholic beverages.

I am familiar with the Ordinances of the City of Lewiston applicable to alcoholic beverages, and that in consideration of the issuance to me of the license hereinabove applied for, I agree to accept and abide by each and every provision of said Ordinances.

I am an authorized responsible party for any and all licenses required by the United States and the state of Idaho for the sale of intoxicating beverages.

Signature _____

State of Idaho
County of _____

On this _____ day of _____, 20____, _____, personally appeared before me, who is personally known to me or whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

Notary Public for State of Idaho _____
My Commission expires: _____



CITY OF LEWISTON ALCOHOL BEVERAGE ADDENDUM CONSENT OF PROPERTY OWNER

This addendum must accompany any new or relocation application for an alcohol license.

Submit application(s) and attachments to: City of Lewiston, Business Licensing, 215 "D" St or PO Box 617, Lewiston ID 83501.

Questions may be directed to (208) 746-7363.

New Transfer Location Change

This Addendum is For:	<input type="checkbox"/> Consent of Property Owner	<input type="checkbox"/> Consent of Land Owner and/or Business Owner of Neighboring Premise
------------------------------	---	--

BUSINESS INFORMATION

Idaho Name (DBA):	Business Telephone ()	Fax ()
Lewiston Business Location:	<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>
		Federal Tax Identification Number

CONSENT OF PROPERTY OWNER TO SERVE ALCOHOL

I, the undersigned, do hereby certify that I am the owner of the neighboring premises described above.

Business Name :	
Business Premises:	<small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</small>

I consent to the issuance of the alcohol license applied for and that said premises may be used to conduct business for which said license is applied.

Respectfully,

Signature of Property Owner



CITY OF LEWISTON ALCOHOL BEVERAGE ADDENDUM TRANSFER REQUEST FOR ALCOHOL LICENSE

This addendum must accompany any transfer or relocation application for an alcohol license. Submit application(s) and attachments to: City of Lewiston, Business Licensing, 215 "D" St or PO Box 617, Lewiston ID 83501. Questions may be directed to (208) 746-1318 ext. 7256.

Ownership Transfer Location

This Addendum is For:	<input type="checkbox"/> Transfer Request for Alcohol License
------------------------------	--

BUSINESS INFORMATION

Idaho Name (DBA):	Business Telephone ()	Fax ()
Lewiston Business Location:	<small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</small>	Federal Tax Identification Number

TRANSFER REQUEST FOR ALCOHOL LICENSE

City of Lewiston Alcohol License No.: _____	State of Idaho Alcohol License No.: _____	Nez Perce Co. Alcohol License No.: _____
--	--	---

TRANSFER FEES ONLY:

<input type="checkbox"/> Retail Liquor (Includes Wine by the Drink) \$562.50 or \$281.25 if less than 6 months.	Liquor \$ _____
<input type="checkbox"/> Retail Wine \$10.00	Wine \$ _____
<input type="checkbox"/> Beer \$10.00	Beer \$ _____
	Total Fees Due \$ _____

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 Lewiston Alcohol Beverage License to the new owner named below:

New Owner Name:	
Res. Address:	<small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code +4</small>

Respectfully,

Signature of Current Owner and License Holder



CITY OF LEWISTON ADJACENT PROPERTY OWNERS AND LESSEES CONSENT (LIQUOR) ADDENDUM

To Adjacent Property Owners or Lessees Operating a Business:

The below named business has requested a license to sell LIQUOR by the drink at the business location listed. The Lewiston Municipal Code requires the business to obtain consent of seventy-five (75%) percent of adjacent property owners and lessees operating a business within two hundred (200) ft. of the business location. Legal records indicate that your property or business is located within two hundred (200) ft. of the business premises.

Please complete the information below to identify your property or business. Check your approval or disapproval for the sale of LIQUOR. Sign and date this document and return it to the license applicant.

To Alcohol License Applicant:

This addendum is for the purpose of providing the City of Lewiston written consent of seventy-five (75) percent of all property owners and lessees operating a business within two hundred (200) ft. on either side of the premises, including both sides of the street the premises fronts. This form may be duplicated. Submit the consents with your application for alcohol license to: City of Lewiston, Business Licensing, 215 "D" St or PO Box 617, Lewiston ID 83501. Questions may be directed to (208) 746-1318 ext. 7256.

BUSINESS NAME AND PREMISES			
This Consent is for the Business & Address of:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Business Name:</td> <td style="width: 50%;">Business Premises: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</small></td> </tr> </table>	Business Name:	Business Premises: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</small>
Business Name:	Business Premises: <small>Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt #</small>		
BUSINESS CONTACT			
Business Contact:	Contact Telephone: () ()		
CONSENT OF ADJACENT PROPERTY OWNER			
<p>Please complete the information below to identify your property. Check your approval <u>or</u> disapproval for the sale of LIQUOR. Sign and date this document and return it to the license applicant. Additional lines are provided for a property owner who owns multiple properties within the 200 ft. radius. Use an additional consent form if necessary.</p>			
Property #1:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Street Number, Direction (N, S, E, W) and Name</small></td> <td style="width: 50%;"><small>Suite, Unit, Apt #</small></td> </tr> </table>	<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>
<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>		
Property #2:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Street Number, Direction (N, S, E, W) and Name</small></td> <td style="width: 50%;"><small>Suite, Unit, Apt #</small></td> </tr> </table>	<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>
<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>		
Property #3:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Street Number, Direction (N, S, E, W) and Name</small></td> <td style="width: 50%;"><small>Suite, Unit, Apt #</small></td> </tr> </table>	<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>
<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>		
Property #4:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Street Number, Direction (N, S, E, W) and Name</small></td> <td style="width: 50%;"><small>Suite, Unit, Apt #</small></td> </tr> </table>	<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>
<small>Street Number, Direction (N, S, E, W) and Name</small>	<small>Suite, Unit, Apt #</small>		
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
Property Owner Name:			
Signature of Property Owner or Agent:	Date:		
CONSENT OF ADJACENT BUSINESS OWNER			
<p>Please complete the information below to identify your business. Check your approval <u>or</u> disapproval for the sale of LIQUOR. Sign and date this document and return it to the license applicant. If a business owner operates more than one business within the 200 ft. radius. please complete a separate consent form for each business.</p>			
Business Name:	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
Business Owner Name:			
Signature of Business Owner or Agent:	Date:		
<p>Thank you for your participation. Any questions may be directed to Business Licensing (208) 746-1318 ext. 7256</p>			