



ALCOHOL BEVERAGE LICENSE APPLICATION

Applicant: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Other Phone: _____

- | | |
|--|-----------|
| <input type="checkbox"/> Retail Beer: | \$ 100.00 |
| <input type="checkbox"/> Beer, Consumption on Premises | \$100.00 |
| <input type="checkbox"/> Retail Wine | \$100.00 |
| <input type="checkbox"/> Wine, Consumption on Premises | \$100.00 |
| <input type="checkbox"/> Liquor License | \$225.00 |
| <input type="checkbox"/> Keg | \$ 20.00 |

- You **MUST** submit current copies of your State & County Alcohol Beverage Licenses before a City license will be issued.
- **Application must be returned by December 1st**

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

City of Marsing
P O Box 125
Marsing, Idaho 83639-0125
(208) 896-4122