



City Clerk's Office

**Alcohol Beverage License
Transfer Application**

Applicant:		File #:
Date complete application received:		Date license issued or denied:
Applicant <input checked="" type="checkbox"/>	APPLICATION REQUIREMENTS:	Staff <input checked="" type="checkbox"/>
	Completed application	
	Application Transfer fees:	
	Beer – On premise consumption (Includes retail sales) \$100.00	
	Beer – Retail sales only - \$50.00	
	Wine – On premise consumption/retail - \$100.00	
	Liquor by the Drink (Includes wine) - \$100.00	
	Floor plan of licensed premises	
	Copy of Idaho State license to sell/serve alcohol	
	Copy of Ada County license to sell/serve alcohol	
	Original City Alcohol License to be transferred	
STAFF USE ONLY:		
	City of Meridian Legal Department	
	City of Meridian Police Department approval	
	City of Meridian Fire Department approval	
	City of Meridian Building Department approval	
	City of Meridian Planning Department approval	
	City Clerk approval	

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



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**Alcohol Beverage License
Transfer Application**

Transferring Licensee Information (Owner Transfer)

Transferring licensee name: _____ Phone: _____

Transferring licensee physical address: _____

Transferring licensee driver's license state and number: _____

Name and physical address of agent upon who service of process may be made in Idaho:

Transferee Information (Owner Transfer)

Transferee name: _____ Phone: _____

Transferee physical address: _____

Transferee driver's license state and number: _____

Name and physical address of agent upon who service of process may be made in Idaho:

PREMISES INFORMATION (Owner Transfer)

Name of alcohol sales premises: _____

Physical address of alcohol sales premises: _____

Phone number at alcohol sales premises: _____

Assessor's parcel number(s): _____ Zoning district: _____

Within 300' of school or place of worship: No Yes (*attach explanation*)

Transferee's interest in property: Own Rent Other _____

Premises owner name: _____ Phone: _____

Premises owner mailing address: _____

Premises owner physical address: _____



LICENSEE INFORMATION (Location Transfer)

Licensee name: _____ Phone: _____

Licensee physical address: _____

Licensee driver's license state and number: _____

Name and physical address of agent upon who service of process may be made in Idaho:

PREMISES INFORMATION (Location Transfer)

Provide the following information as to the premises at which alcohol sales are to occur under the transferred license.

Name of alcohol sales premises: _____

Physical address of alcohol sales premises: _____

Phone number at alcohol sales premises: _____

Assessor's parcel number(s): _____ Zoning district: _____

Within 300' of school or place of worship: No Yes (attach explanation)

Transferee's interest in property: Own Rent Other _____

Premises owner name: _____ Phone: _____

Premises owner mailing address: _____

Premises owner physical address: _____

BUSINESS INFORMATION (All)

Nature of business conducted at premises: _____

Hours of operation: _____

Hours of sale of alcohol: _____

INITIAL Applicant is aware of Meridian City Code Alcohol Server Training requirements.