



**City Clerk's Office**

**Alcohol Beverage License  
Transfer Application**

<b>Applicant:</b>		<b>File #:</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 Transfer fees:</b>	
	<b>Beer – On premise consumption (Includes retail sales): \$5.00</b>	
	<b>Beer – Retail sales only: \$5</b>	
	<b>Wine – On premise consumption/retail: \$0</b>	
	<b>Liquor by the Drink (Includes wine): \$0</b>	
	<b>Floor plan of licensed premises</b>	
	<b>Copy of Idaho State license to sell/serve alcohol</b>	
	<b>Copy of Ada County license to sell/serve alcohol</b>	
	<b>Original City Alcohol License to be transferred</b>	
<b>STAFF USE ONLY:</b>		
	<b>City of Meridian Legal Department</b>	
	<b>City of Meridian Police Department approval</b>	
	<b>City of Meridian Fire Department approval</b>	
	<b>City of Meridian Building Department approval</b>	
	<b>City of Meridian Planning Department approval</b>	
	<b>City Clerk approval</b>	

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



**Transferring Licensee Information (Owner Transfer)**

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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)**

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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)**

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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.