



CITY OF COEUR D'ALENE
MUNICIPAL SERVICES DEPARTMENT
710 EAST MULLAN AVENUE
COEUR D'ALENE, ID 83814
(208) 769-2229 or ksetters@cdaid.org

(Office Use Only)	
Amount Paid	_____
Receipt No	_____
Date	_____
License No	_____
Date Temporary Issued	_____
Date License Issued	_____ By _____

BEER, WINE, LIQUOR LICENSE RENEWAL APPLICATION

Expires March 1

BUSINESS INFORMATION

Company Name: _____	Phone: _____
Mailing Address: _____	City/State/Zip: _____
Physical Address: _____	City/State/Zip: _____
Cell: _____	Email: _____

OWNER INFORMATION

Company Name: _____	Phone: _____
Mailing Address: _____	City/State/Zip: _____
Physical Address: _____	City/State/Zip: _____
Cell: _____	Email: _____

MANAGERS INFORMATION

Company Name: _____	Phone: _____
Mailing Address: _____	City/State/Zip: _____
Physical Address: _____	City/State/Zip: _____
Cell: _____	Email: _____
Social Security Number: _____	Date of Birth: _____

ANNUAL FEES (Check Only One Box)

TO GO ONLY		
Beer Only:	Canned & Bottled	\$50
Wine & Beer:	Canned & Bottled	\$250
CONSUMED ON PREMISE & TO GO		
Beer:	Canned & Bottled (No Draft)	\$100
Beer:	Draft, Canned & Bottled	\$200
Wine & Beer:	Canned & Bottled (No Draft)	\$300
Wine & Beer:	Draft, Canned & Bottled	\$400
Liquor, Wine & Beer:	Draft, Canned & Bottled	\$762.50

By signing below, I certify that the information listed on this application is complete and true to the best of my knowledge, that the applicant is qualified by the ordinance of the City of Coeur d Alene, Kootenai County, and the laws of the State of Idaho to receive a license.

Applicant Signature _____

Date _____

Applicant Signature _____

Date _____