



PLANNING & DEVELOPMENT SERVICES
PO Box 4169, 911 North Seventh Avenue
Pocatello, Idaho 83205
(208)234-6184 FAX (208)234-6586

Permit #: _____

Date Permit Approved: _____

Permit Approved by: _____

APPLICATION FOR ALCOHOL EXCEPTION

Filing Fee \$50.00 + Address Labels _____ x \$1.50 = \$ _____ Receipt Date _____ Receipt # _____

Applicant:

Name: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Business/Site:

Property Owner: _____

Site Address: _____ City: _____ ST: _____ ZIP: _____

Zoning District: _____ In Historic District: _____ Beer Wine Liquor

THE FOLLOWING MUST ACCOMPANY EACH APPLICATION:

- A. Provide the days and hours of operation and a brief description of the business' activities, (i.e. Restaurant, Bar, Activities Center, etc.)

- B. Mailing labels of property owners within 300 feet of building.
- C. Signed Affidavit of Mailing List
- D. Application requires original ink signatures along with electronic signatures, if you submit electronically.

SIGNATURE OF PROPERTY OWNER- Ink and/or Electronic

SIGNATURE OF APPLICANT- Ink and/or Electronic



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AFFIDAVIT OF MAILING LIST – ALCOHOL EXCEPTION

1. The undersigned is the applicant, agent, engineer, or surveyor representing the applicant.
2. It is understood that the City of Pocatello requires the applicant to provide one set of mailing labels of all the property owners of record located within 300 feet of the building and \$1.50 fee per label. The list shall be based on the most current equalized assessment rolls of County of Bannock. This list and fee will be used to send the notices of public hearing required to process the application.
3. This is to certify that the persons named, together with their addresses as shown on the project mailing list attached herewith, are all the owners of property situated within 300 feet of the building, as their said names and addresses are set forth on the latest equalized assessment rolls of the County of Bannock.
4. The foregoing is true under penalty of perjury.

Date: _____

Signature

Name (please print)

Mailing Address
