



FESTIVAL BLOCK APPLICATION

NON-REFUNDABLE FEES	
\$209.00 _____	APPLICATION FEE
\$2.00 _____	PROCESSING FEE
\$ _____	TOTAL FEES DUE

REQUIRED ATTACHMENTS
1. Map depicting the physical parameters of the proposed festival block and written description;
2. Alcohol Beverage licenses (state, county, city);
3. Signed letters of support for festival block designation from the stake holders listed on the application.

NOTE: This permit expires annually from the date of Issuance.

All festival block designations are granted for a one (1) year period from the date of designation and shall automatically renew for five (5) consecutive years unless the designation is suspended, revoked, or there is a petition for designation reassessment. Upon the fifth year the festival block designation must be renewed following the process as developed and implemented by the City Clerk.

APPLICANT

APPLICANT NAME _____

APPLICANT ADDRESS _____

EMAIL ADDRESS _____ PHONE _____

APPLICANT'S BUSINESS LOCATED WITHIN FESTIVAL BLOCK

BUSINESS NAME _____ BUSINESS ADDRESS _____

CITY OF BOISE ALCOHOL LICENSE # (ATTACH COPY OF LICENSE) _____

ADA COUNTY ALCOHOL LICENSE # (ATTACH COPY OF LICENSE) _____

STATE OF IDAHO ALCOHOL LICENSE # (ATTACH COPY OF LICENSE) _____

DO YOU OR YOUR BUSINESS HAVE ANY ALCOHOL RELATED VIOLATIONS AGAINST AN ALCOHOL LICENSE WITHIN THE LAST 5 YEARS? YES NO

IF YES, PLEASE PROVIDE A LIST OF THOSE WITH DETAILS OF VIOLATION.

OFFICE USE ONLY	DATE _____	CITY LICENSE # _____
<input type="checkbox"/> Map	<input type="checkbox"/> List of Businesses in mapped area	
<input type="checkbox"/> List of other addresses in mapped area	<input type="checkbox"/> Copy of Applicant's alcohol licenses	
<input type="checkbox"/> List of applicant's alcohol violations within last five years	<input type="checkbox"/> List of other businesses alcohol license #s	
<input type="checkbox"/> Singed letters of support from other businesses	<input type="checkbox"/> Signed letters of support from non-commercial properties	

BUSINESSES IN MAPPED FESTIVAL BLOCK AREA**BUSINESS NAME** _____ **ADDRESS** _____

EMAIL ADDRESS _____ PHONE _____

USE (RESIDENTIAL, NON-PROFIT, GOVERNMENTAL, RESTAURANT, GENERAL COMMERCIAL, ETC.) _____

CITY OF BOISE ALCOHOL LICENSE # (IF APPLICABLE) _____

BUSINESS NAME _____ **ADDRESS** _____

EMAIL ADDRESS _____ PHONE _____

USE (RESIDENTIAL, NON-PROFIT, GOVERNMENTAL, RESTAURANT, GENERAL COMMERCIAL, ETC.) _____

CITY OF BOISE ALCOHOL LICENSE # (IF APPLICABLE) _____

BUSINESS NAME _____ **ADDRESS** _____

EMAIL ADDRESS _____ PHONE _____

USE (RESIDENTIAL, NON-PROFIT, GOVERNMENTAL, RESTAURANT, GENERAL COMMERCIAL, ETC.) _____

CITY OF BOISE ALCOHOL LICENSE # (IF APPLICABLE) _____

BUSINESS NAME _____ **ADDRESS** _____

EMAIL ADDRESS _____ PHONE _____

USE (RESIDENTIAL, NON-PROFIT, GOVERNMENTAL, RESTAURANT, GENERAL COMMERCIAL, ETC.) _____

CITY OF BOISE ALCOHOL LICENSE # (IF APPLICABLE) _____

BUSINESS NAME _____ **ADDRESS** _____

EMAIL ADDRESS _____ PHONE _____

USE (RESIDENTIAL, NON-PROFIT, GOVERNMENTAL, RESTAURANT, GENERAL COMMERCIAL, ETC.) _____

CITY OF BOISE ALCOHOL LICENSE # (IF APPLICABLE) _____

OWNER/RESIDENT _____ **ADDRESS** _____

DESCRIPTION/TYPE _____

EMAIL ADDRESS _____ PHONE _____

OWNER/RESIDENT _____ **ADDRESS** _____

DESCRIPTION/TYPE _____

EMAIL ADDRESS _____ PHONE _____

OWNER/RESIDENT _____ **ADDRESS** _____

DESCRIPTION/TYPE _____

EMAIL ADDRESS _____ PHONE _____

NOTE: Additional pages can be requested/added by the applicant if needed.