

CITY OF NEW MEADOWS  
PO BOX 324  
NEW MEADOWS, IDAHO 83654



**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

To the HONORABLE MAYOR and CITY COUNCIL of the City of New Meadows, Idaho.

I/WE, the undersigned, do hereby make application for a license to sell Alcoholic Beverages under the provisions of City of New Meadows Code Title 3, Chapter 2, passed and approved on December 11, 2017 and amended on January 27, 2020, as follows:

**Note: FEE FOR EACH CATEGORY OF ALCOHOLIC BEVERAGE(S) SOLD ON THE PREMISES FOR WHICH THIS APPLICATION IS BEING MADE SHALL APPLY.**

- |  |   |            |
|--|---|------------|
| <input checked="" type="checkbox"/> BEER:        | Bottled, Canned, AND/OR Keg/Draught,<br><u>Not to be consumed on the premises</u> | (\$50.00)  |
| <input type="checkbox"/> BEER:                   | Bottled, Canned, AND/OR Keg/Draught,<br><u>To be consumed on the premises</u>     | (\$100.00) |
| <input checked="" type="checkbox"/> RETAIL WINE: | <u>Not to be consumed on the premises</u>   | (\$100.00) |
| <input type="checkbox"/> WINE BY THE DRINK:      | <u>To be consumed on the premises</u>   | (\$100.00) |
| <input type="checkbox"/> LIQUOR BY THE DRINK:    |   | (\$225.00) |

The sum of \$ 150.00 is herewith tendered in payment of said license fee(s) for the year ending **January 31, 2024** for the following establishment:

**BUSINESS NAME & PHYSICAL ADDRESS** of premises, room or building where such alcoholic beverages will be sold:

Waypoint LLC  
420 Virginia St, New Meadows ID 83654

**APPLICANT'S NAME AND TITLE:** Moquey Marquross Owner

**APPLICANT'S RESIDENCE ADDRESS:**

(If Partnership, list **name** and **address** of **each partner**):

Moquey Marquross 32155 Zook Ln, Polson, MT 59860

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PO BOX 324  
NEW MEADOWS, IDAHO 83654

Please verify your eligibility for licensing as follows by dating and signing this form where indicated. Return the form, the required fees, and copies of your State and County licenses for the corresponding year to City Hall. No alcoholic beverages can be sold until a valid Alcoholic Beverage License has been issued by the City of New Meadows.

I hereby verify that I possess all of the qualifications necessary to obtain a license for the sale of alcoholic beverages from the Director of Idaho State Police, as prescribed by the laws of the State of Idaho.

I am of good moral character and am over the age of twenty-one (21) years.

I have not been convicted of any felony or of any crime involving moral turpitude or of the violation of any of the laws of and/or regulating, governing or prohibiting sales of alcoholic beverages.

I will abide by the laws of the State of Idaho, Adams County, and the City of New Meadows, and by all the terms and conditions of Title 3, Chapter 2 of the New Meadows City Code.

Dated this 29 day of March, 2023.

Signed: [Signature]  
(Applicant's Signature)

(Signature of each partner, if Partnership)

**Business Mailing Address and Phone #:**

P.O. Box 706 New Meadows, ID 83654 208-347-2344

**State and County licenses must be presented by applicant at time of application**

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Application Received on <u>MAR 29</u> , 20 <u>23</u>	Fee Paid \$ <u>150</u>
Copies Submitted: <input checked="" type="checkbox"/> State <input type="checkbox"/> County	Granted <input type="checkbox"/> Rejected <input type="checkbox"/>
City Hall <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<input type="checkbox"/> Filed	City License # _____ Effective Date: _____ Expiration Date: _____ New Meadows City Clerk

# State of Idaho Idaho State Police

## Retail Alcohol Beverage License

Cycle Tracking Number: 140355

Premises Number: 2A-4

License Year: 2023

This is to certify, that **Waypoint LLC**

License Number: 3269

doing business as: **The Turning Point**

is licensed to sell alcoholic beverages as stated below at:  
**420 Virginia Street, New Meadows, Adams County**

Acceptance of a license by a retailer shall constitute knowledge of and agreement to operate by and in accordance to the Alcohol Beverage Code, Title 23. Only the licensee herein specified shall use this license.

County and city licenses are also required in order to operate.

*Moghey Marcellus* by *Nedean Faust*  
Signature of Licensee, Corporate Officer, LLC Member or Partner

- Liquor No
- Beer Yes \$20.00
- Wine by the bottle Yes \$20.00
- Wine by the glass No
- Kegs to go No
- Growlers No
- Restaurant No
- On-premises consumption No
- Multipurpose arena No
- Plaza No

WAYPOINT LLC  
 THE TURNING POINT  
 PO BOX 706  
 NEW MEADOWS, ID 83654  
 Mailing Address

TOTAL FEE: \$40.00

License Valid: 03/09/2023 - 12/31/2023

Expires: **12/31/2023**

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**ADAMS COUNTY  
RETAIL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

To the Board of commissioners, ADAMS COUNTY, Idaho.

The Undersigned, a(n) Corporation  Individual   
Partnership  LLC   
Joint Venture  Sole Proprietor

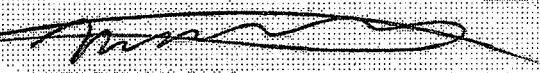
Does hereby make application for a license to sell during the year 2023

		<b>FEES</b>	
<b>BEER LICENSE</b> <i>Choose Only 1 Option</i>	Draft Beer (also includes Bottled, Canned and Retail)	_____	\$ 30.00
	Bottled and canned beer only to be consumed on premises	_____	\$ 22.50
	Only bottled or canned Beer NOT to be consumed on premises	<u>X</u>	\$ 7.50
<b>LIQUOR LICENSE</b>	<u>(Includes Wine License)</u>	_____	\$ 75.00
<b>WINE LICENSE</b>	Retail Wine	<u>X</u>	\$ 15.00
	Wine by the Drink	_____	\$ 25.00

**TOTAL AMOUNT DUE** \$ 22.50

Applicant is the Holder of STATE OF IDAHO RETAIL ALCOHOL BEVERAGE LICENSE number 3269  
 Expires on 12/31/2023 within ADAMS COUNTY, at the following described place of business  
Waypoint LLC 420 Virginia St, New Meadows ID 83654 Idaho,  
 and tenders herewith the license fees of \$ 22.50 as provided by resolution of the Board of County  
 Commissioners of said County, adopted July 14, 1947

Applicant: Moquey Marguross Phone: 406-609-6945  
 Business Name: Waypoint LLC  
 Physical Address: 420 Virginia St, New Meadows ID 83654 Adams County  
 Mailing Address: P.O. Box 706 New Meadows, ID 83654  
 Is/Has Applicant (and/or associates):  Circle Active Manager Information:  
 Citizen(S) of the USA?  YES  NO Name: Loretta Shively  
 Over the Age of 19?  YES  NO Address: 420 Virginia St, New Meadows ID 83654  
 Ever been convicted of a Felony?  YES  NO Phone: 208-347-2219

**APPLICANT SIGNATURE** 

**THIS SECTION FOR TRANSFERS ONLY**

I hereby authorize the transfer on No. \_\_\_\_\_ Beer License; No. \_\_\_\_\_ Liquor License; No. \_\_\_\_\_  
 Wine License; No. \_\_\_\_\_ to \_\_\_\_\_ DBA \_\_\_\_\_  
 Dated this \_\_\_\_\_ day of \_\_\_\_\_  
 Signature of Previous Owner \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 Signature of Notary or Clerk of Board of Commissioners \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Board of Commissioners