



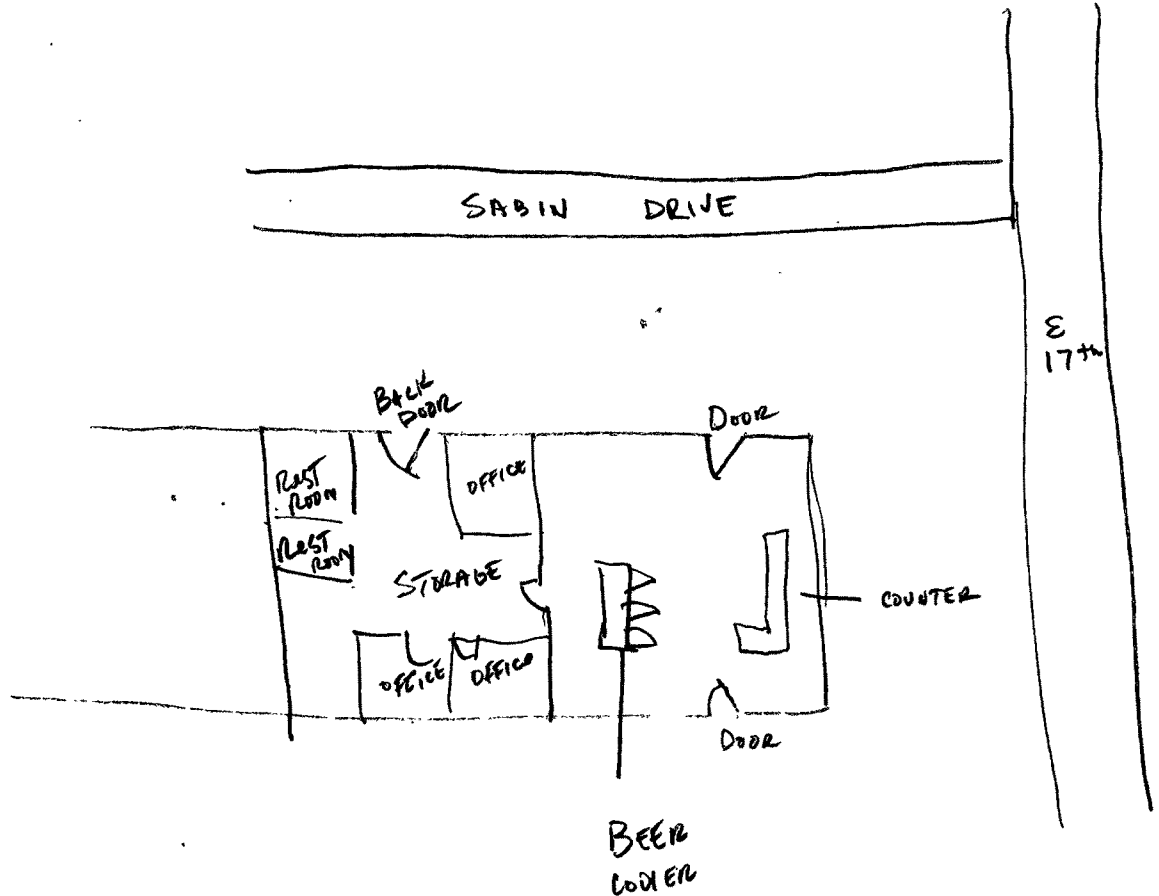
IDAHO STATE POLICE  
ALCOHOL BEVERAGE CONTROL

P.O. Box 700, Meridian, Idaho -0700  
(208) 884-7060 · Toll Free (888) 884-1360

FLOOR PLAN

Applicant Name: T.C.S.S. LIMITED  
(Name of Individual(s), Registered Partnership, Corporation, Association or L.L.C.)  
Business Name: TOBACCO CONNECTION #20  
Business Location: 1747 SABIN DRIVE AMMON ID 83406

(Instructions: Sketch should show the entire area proposed to be licensed, all entrances and exits, location of bar, back bar, bar stools, booths, tables, coin operated amusement devices and the place where the licenses are regularly displayed. There should also be indicated in the margin the direction and the distance to the nearest school, church or other places of worship, measuring from the nearest entrance of the licensed premises to the nearest entrance of the school, church, or other place of worship, if within 300 feet.)



I HEREBY CERTIFY THAT THE BUILDING WHEREIN IT IS PROPOSED TO SELL BEER AT RETAIL CONFORMS TO ALL LAWS AND REGULATIONS OF THE STATE OF IDAHO AND TO THE ORDINANCES OF THE COUNTY AND CITY RELATING TO HEALTH, SAFETY AND ZONING. (Idaho Code section 23-1010(2)(b).) I FURTHER CERTIFY THAT I HAVE RECEIVED APPROVAL OF THE ABOVE PREMISE FROM THE GOVERNMENTAL AGENCY WITH ZONING JURISDICTION OVER THE FACILITY'S LOCATION. (PLEASE ATTACH APPROVAL NOTICE.) (Am. 2/90)

[Signature]  
Applicant Signature

Subscribed and Sworn to before me this 27 day of November, 2002

[Signature]  
Notary Public  
Residing at [Address]  
My Commission Expires 5/10/06  
DEC - 5 2002

ABC-APP4  
7/2000

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