

**DABC RETAIL  
APPLICATION CHECKLIST**

The items below must be complete and submitted no later than the **10th of the month**, or sooner (there is an exception for # 8 as a conditional license), so that your application can be processed in time for DABC Commission review. All licensing requirements must be fully satisfied in order to complete your application. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

1. \_\_\_\_\_ Completed Application Form:  Signed & Notarized  
Tax identification Numbers:  State Sales Tax #  State Payroll Withholding #  
 DWS #  Federal Taxpayer Identification #
2. \_\_\_\_\_ A **non-refundable** application fee:  \$330 for all restaurant types,  \$300 for all other retail license types
3. \_\_\_\_\_ Applicable licensing fee:  \$2,200 Full Restaurant,  \$825 Limited or Beer Only Restaurant,  \$300 Beer Recreational,  \$2,750 Club,  \$1,500 Tavern,  \$750 Reception/Banquet
4. \_\_\_\_\_ Criminal history background documents:  
 Electronic Fingerprints or Fingerprint card(s). Electronic fingerprinting (Live Scan) is available at DABC by appointment, at BCI, or a number of other FBI electronic fingerprint provider locations. (See instructions).  
 Signed 'Informed Consent and Waiver' form  
 FBI Background fees: \$52.75 for each owner, corporate officer, director or stockholder of 20% or more, managing agents, and managers responsible for directing or administration of alcohol operations.
5. \_\_\_\_\_ Exemption Certificate form TC-721- (does not apply to 'beer only' establishments)
6. \_\_\_\_\_ Ownership entity / organizational documents filed with Utah Department of Commerce  
 a) Individual / Sole Proprietor  
 b) If a Corporation, submit a copy of the Articles of Incorporation  
 c) If a Partnership, submit a copy of the written partnership agreement  
 d) If a Limited Liability Company, submit a copy of the Articles of Organization
7. \_\_\_\_\_ 'Local Consent Form' from the city where the business is located
8. \_\_\_\_\_ Copy of current local business licenses (all that apply):  Business  Liquor  Beer  
(Applications may be considered "conditional" without submitting a business license)
9. \_\_\_\_\_ Signed Surety Bond or Cash Bond:  
 \$10,000 for Clubs, Full Restaurants, Banquet & Reception Centers  
 \$5,000 for Beer Only or Limited Restaurants, Beer Recreational and Tavern licenses.  
 'Licensed entity' listed as the Principal  
 Business name listed as 'Doing Business As' (DBA)
10. \_\_\_\_\_ Certificate of insurance for public liability and liquor liability 'dram shop' coverage (template attached)  
 Minimum liquor coverage of \$1,000,000 per occurrence/\$2,000,000 in the aggregate.  
 Address of licensed premises must appear on the certificate of insurance  
 Department of Alcoholic Beverage Control listed as certificate holder
11. \_\_\_\_\_ Projected profit and loss statement [Pro forma income statement] (template attached)
12. \_\_\_\_\_ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
13. \_\_\_\_\_ Menus: [ ] Food menu [ ] Alcoholic beverage menu with prices
14. \_\_\_\_\_ Copy of Club Bylaws and/or House Rules (Equity and Fraternal Clubs only)
15. \_\_\_\_\_  Lease Agreement (signed) or  Premises owned by the applicant

**CLUB LICENSE  
ON-PREMISE RETAIL LICENSE  
APPLICATION**

Social Club

Dining Club

Fraternal

Equity club

Application fee (non-refundable) \$300 + Initial license fee \$2,750 = Total \$3,050

**Ownership Information**

1. **Ownership Entity:** \_\_\_\_\_  
Entity Type: Individual  Partnership  Corporation  Limited Liability Company
2. **DBA:(assumed name of business)** \_\_\_\_\_
3. **Business address:**  
\_\_\_\_\_  
STREET CITY STATE ZIP
4. **Mailing address:**  
\_\_\_\_\_  
(IF DIFFERENT) STREET CITY STATE ZIP
5. **Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Other/office:** \_\_\_\_\_
6. **Contact person:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ **Email** \_\_\_\_\_
7. **Manager:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_
8. **Other alcoholic beverage licenses** currently or previously held by applicant/entity/principals:  
\_\_\_\_\_

**Business / Property Information**

9. **Date opened** for business (projected): \_\_\_\_\_ **Days / hours of operation:** \_\_\_\_\_
- 10a. **Monthly gross food sales** (projected): \_\_\_\_\_ 10b. **Monthly gross alcohol sales** (projected): \_\_\_\_\_
11. **Projected annual cost of alcohol (liquor, wine, heavy beer)** \_\_\_\_\_ (applicable to full service restaurant)
12. **Square footage:** \_\_\_\_\_ **Seating/dining capacity:** \_\_\_\_\_ **# of Parking stalls:** \_\_\_\_\_
13. Will the club have sexually oriented adult entertainment \_\_\_\_\_
14. Business tax, withholding, workforce services identification numbers  
**Utah Sales Tax** \_\_\_\_\_ **Utah Payroll Withholding** \_\_\_\_\_  
**Utah Workforce Services** \_\_\_\_\_ **Federal Taxpayer Identification** \_\_\_\_\_
15. **Owner of real property & building (lease holder)**  
**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **City,State,zip** \_\_\_\_\_
16. **Proximity:** List any private or public schools, churches, public libraries, public playgrounds, parks, or educational facilities (nursery school, infant day care center or trade / technical school) located within 600 feet pedestrian travel or 200 feet straight line.  
\_\_\_\_\_  
\_\_\_\_\_

**17. Ownership / Management**

List all individuals, managers, partners, corporate officers, or stockholders. Percentage owned must = 100%. Also list any employees appointed to manage or direct operations of the business. Anyone owning at least 20% of the corporation and all employee/managers must submit fingerprints for a background check. All individuals listed MUST be at least 21 years or older. If not a U.S. Citizen, provide residency status in section 18. Use additional sheets if necessary.

Name	Complete home address (include city, state, zip code)	POSITION HELD	Date of Birth Month / Day Year	Percent Owned	US Citizen Y/N

18. **Residency status** (list and attach proof of residency status for all individuals in section 17 who are not US citizens):  
 \_\_\_\_\_  
 \_\_\_\_\_

19. **Criminal Offenses:** List all criminal offenses other than minor traffic offenses of which you or any person listed in section 16 have been convicted or pending criminal charges (name, criminal offense, date of conviction – use additional sheets if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_

20. **Are you an industry member; or do you own or have interest in a brewery, winery or distillery?**  
 Yes \_\_\_ No \_\_\_ if Yes explain below (use additional sheets as necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant agrees as a condition of licensing that he/she has read and will abide by the provisions of Title 32B, Utah Code, and all rules of the commission and directives of the Department of Alcoholic Beverage Control; and understands that failure to adhere or to no longer possesses the qualifications of a licensee may result in the suspension or revocation of the alcohol license and forfeiture of the compliance bond.  
 Applicant agrees to immediately notify the department of any change in ownership entity and understands that failure to do so may result in immediate suspension of the license  
 The undersigned verifies that the premises will not be used for permitting gambling or any other violation of law or ordinance.  
 The undersigned hereby authorizes the department access to federal, state and local sales, payroll, income, and real and personal property tax information.  
 The undersigned verifies that the applicant is in compliance with all federal and state laws pertaining to payment of taxes and contributions to unemployment and insurance funds.  
 The undersigned applicant does not and will not discriminate against persons on the basis of race, color, sex, religion, ancestry, or national origin.  
 The undersigned hereby voluntarily consents that representatives of the Alcoholic Beverage Control Department, Commission, State Bureau of Investigation (Bureau of Alcoholic Beverage Law Enforcement), and any other law enforcement agencies shall be admitted immediately and permitted without hindrance or delay to inspect the entire premises and all records of the licensee.  
 The undersigned acknowledges that he/she has read and understands the statements herein and that the execution thereof is done voluntarily and by authorization of the applicant entity; and that any false statement made on this application or any other related document is a second degree felony.  
 The undersigned hereby makes application to the Utah Alcoholic Beverage Control Commission and certifies that the information contained herein and attached hereto is true and correct.

\_\_\_\_\_ Date  
 \_\_\_\_\_ Title / Position

\_\_\_\_\_ Applicant/Owner of business  
 \_\_\_\_\_ Authorized Signature

State of \_\_\_\_\_  
 County of \_\_\_\_\_ Subscribed and  
 sworn before me this day \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ Notary Public Signature

\_\_\_\_\_ Seal

**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
CLUB LIQUOR LICENSE APPLICATION  
EVALUATION FACTORS**

The Alcoholic Beverage Control Department and Commission utilize factors for evaluating a club liquor license application, including, but not limited to:

1. Location factors such as:
  - proximity to and density of other liquor outlets in the area,
  - traffic flow,
  - demographics,
  - population to be served,
  - proximity to any educational, religious and recreational facility such as public schools, nursery schools, infant day care centers, trade and technical schools, churches, public libraries, public playgrounds, and parks.
  
2. Physical characteristics such as:
  - condition of the premises,
  - square footage,
  - seating capacity,
  - parking availability.
  
3. Management experience:
  - familiarity with food and alcoholic beverage operations,
  - familiarity with financial record keeping,
  - management scheme employed by the club,
  - length of time in operation,
  - past compliance with alcoholic beverage laws and rules.
  
4. Nature or type of club operation:
  - type of menu items offered and emphasized,
  - whether emphasis is on an adult clientele rather than minors,
  - days and hours of operation,
  - gross sales of food items,
  - for equity and fraternal clubs: reasonableness of the club's articles, bylaws, house rules, and conformity with the Act.
  
5. Public input.
  
6. If a dining club:
  - percentage of food sales
  - portion of square footage and seating capacity used for the dining area vs. bar area.
  - whether full meals are served including appetizers, main dishes and desserts.
  - Adequacy of on-premise culinary facilities.
  - Type of entertainment (if any).

**Note: Keep this sheet and refer to it for presentation before the DABC Commission.**

# CLUB LIQUOR LICENSE

## Local Consent

**PURPOSE:** Local business licensing authority provides written consent to the Alcoholic Beverage Control Commission (1) to issue an on-premise alcohol license for a person to store, sell, offer for sale, furnish, or allow the consumption of an alcoholic product on the premises of the applicant; and (2) to authorize a variance reducing the proximity requirements (if applicable).

**AUTHORITY:** Utah Code 32B-1-202; 32B-5-201 through 203; 32B-5-205 and -206

\_\_\_\_\_, [ ] City [ ] Town [ ] County  
Local business license authority

hereby grants its consent to the issuance of a Club liquor license to:

Business Name (DBA): \_\_\_\_\_

Applicant Entity/Business Owner: \_\_\_\_\_

Location Address: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

### LOCAL CONSENT FOR PROXIMITY VARIANCE

In accordance with Utah Code 32B-1-202, the local authority also grants consent to a variance regarding the proximity of this establishment relative to a public or private school, church, public library, public playground, or park.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

This is a suggested format. A locally produced city, town, or county form is also acceptable.  
The local consent must be submitted to the DABC by the applicant as part of a complete application.

# **Applicant/Manager/Supervisor Criminal History Background Check Procedures**

**PURPOSE:** To determine qualification of an owner, corporate officer or director, stockholder of 20% or more, managing agents and managers responsible for directing, or administration of alcohol operations.

**AUTHORITY:** Utah Code 32B-1 Part 3

**Criminal history background checks** are required for each person listed as an **owner; corporate officer or director**, any **stockholder owning 20%** of the corporation; **member or manager** of a limited liability company owning 20% or more; **managing agents**; and **managers/supervisors** responsible to manage, direct, or administer the operations of a DABC licensed business.

Each individual who meet the qualifications above shall consent to a criminal history background check and shall deliver the following documents and fees to the Department of Alcoholic Beverage:

\*      **AS OF JULY 1, 2015**      \*

Background check fees:

- \$52.75 for each applicable person
- Informed Consent & Waiver
- Submit fingerprints through Live Scan or submit a fingerprint card (instructions below)

You may have a live scan done here at the DABC by appointment (please call 801-977-6800 to setup an appointment to have scan done before the 10<sup>th</sup> of the month).

Fingerprint services are also available at many Live Scan locations: you may contact any place that has a Live Scanning Device to see if they allow general public service. The places on the attached Utah Educator Link may provide live scanning to the general public, you would need to contact them to verify. <http://www.schools.utah.gov/cert/License-Requirements/Fingerprint-and-Background-Check/LiveScanList.aspx>

The Bureau of Criminal Identification (BCI), located at 3888 W 5400 S., Salt Lake City Utah provides fingerprint services. They may be contacted at 801-965-4445 for additional information regarding fingerprint services.

**You will need to take the attached Live Scan Authorization Form to any place you have Live Scanning done.**

Fingerprint cards will still be accepted for scanning. The Informed Consent and Waiver Form will need to be submitted to the DABC for each fingerprint card and Live Scan done.

# INFORMED CONSENT AND WAIVER

## APPLICANT NOTIFICATION AND PURPOSE:

In accordance with Utah Code 32B-1-303- 307, your fingerprints will be used to **continuously check** the criminal history records of local and national (FBI) background check databases to determine whether an applicable individual has been:

- convicted of a felony under federal or state law;
- convicted of a violation of a federal law, state law, or local ordinance concerning the sale, manufacture, distribution, warehousing, or transportation of an alcoholic beverage;
- convicted of a crime involving moral turpitude;
- convicted on two or more occasions within the previous five years, driving under the influence of alcohol, a drug, or the combined influence of alcohol and a drug.

## RECORD CHALLENGE:

If it is determined that a criminal history record contains a disqualifying offense the applicable person must be notified of the reason for disqualification and given an opportunity to respond to the disqualification. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

## WAIVER:

I hereby authorize the Department of Alcoholic Beverage Control (DABC) to investigate my criminal history records and acknowledge that a background check will be conducted and maintained by the State Bureau of Criminal Identification and my fingerprints continuously checked against local and national (FBI) background check databases for so long as I maintain an employment or regulatory relationship with the DABC. **I agree by signing below to notify the DABC if I cease this relationship and wish my fingerprints to be removed from the notification system.**

## NEW LICENSE, PERMIT or PACKAGE AGENCY APPLICANTS:

I stipulate that if a criminal conviction that would disqualify any applicable individual from holding the license, permit, or package agency, the license, permit or package agency will immediately be surrendered.

_____	_____ / _____
Name (last, first, middle initial)	Driver License# or ID card# / state issued
_____	_____
Formerly used last names (please print)	Name of Business
_____	_____
Signature	Date

# LIVE SCAN AUTHORIZATION FORM

## Utah Department of Alcohol Beverage Control

### Billable to DABC

Agency Billing Code: **B1664 (DABC – WIN/FBI)**  
Type of Background Check Required: **WIN/FBI Check: NFUF**

If not doing fingerprinting services at DABC, take this form to any qualified 'Live Scan' provider. They may or may not charge a fee for their services. Call Ahead.

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant DOB: \_\_\_\_\_ Applicant SSN: \_\_\_\_\_

DABC Authorization Signature: \_\_\_\_\_ Nina McDermott

### NOTE: THIS FORM STAYS WITH THE 'LIVE SCAN' PROVIDER

Regardless of any additional fees paid to the 'Live Scan' provider for their services, in accordance with Utah Code 32B-1-303-307, fees of \$52.75 for each owner, corporate officer, director or stockholder of 20% or more, managing agents and managers responsible for directing, or administration of alcohol operations, must still be paid directly to DABC. These fees are required to continuously check the criminal history records of local and national (FBI) background check databases for licensing requirements.



Utah State Tax Commission  
**Exemption Certificate**  
 (Sales, Use, Tourism and Motor Vehicle Rental Tax)

**TC-721**  
 Rev. 5/06

Name of business or institution claiming exemption (purchaser)		Telephone Number	
Street Address	City	State	ZIP Code
Authorized Signature	Name (please print)	Title	
Name of Seller or Supplier: <b>Department of Alcoholic Beverage Control</b>		Date	

The person signing this certificate **MUST** check the applicable box showing the basis for which the exemption is being claimed. Questions should be directed (preferably in writing) to Taxpayer Services, Utah State Tax Commission, 210 N 1950 W, Salt Lake City, UT 84134. Telephone (801) 297-2200, or toll free 1-800-662-4335.

**DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION**  
**Keep it with your records in case of an audit.**

Sales tax account numbers with an "H" prefix are not to be used for tax-free purchases for resale or re-lease.

**RESALE OR RE-LEASE**

Sales Tax License No. \_\_\_\_\_

I certify I am a dealer in tangible personal property or services that is for resale or re-lease. If I use or consume any tangible personal property or services I purchase tax free for resale, or if my sales are of food, beverages, dairy products and similar confections dispensed from vending machines (see Rule R865-19S-74), I will report and pay sales tax on the proper cost thereof directly to the Tax Commission on my next regular sales and use tax return.

**RELIGIOUS OR CHARITABLE INSTITUTION**

Sales Tax Exemption No. N \_\_\_\_\_

I certify the tangible personal property or services purchased will be used or consumed for essential religious or charitable purposes. This exemption can only be used on purchases totaling \$1,000 or more, unless the sale is pursuant to a contract between the seller and purchaser.

**COMMERCIAL AIRLINES**

I certify the food and beverages purchased are by a commercial airline for in-flight consumption; or, any parts or equipment purchased are for use in aircraft operated by common carriers in interstate or foreign commerce.

To be valid this certificate must be filled in completely, including a check mark in the proper box.

**A sales tax license number is required only where specifically indicated.**

Please sign, date and, if applicable, include your license or exemption number.

**NOTE TO SELLER:** Keep this certificate on file since it must be available for audit review.

**NOTE TO PURCHASER:** Keep a copy of this certificate for your records. You are responsible to notify the seller of cancellation, modification, or limitation of the exemption you have claimed.

**DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION**

**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1625 S 900 W • PO Box 30408 • Salt Lake City, UT 84130-0408 • Phone (801) 977-6800 • Fax (801) 977-6889

**“CLUB BOND”**

**BOND #** \_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS:**

That **Principal**, \_\_\_\_\_, a club liquor licensee, doing business as \_\_\_\_\_, and **Surety**, \_\_\_\_\_, a corporation organized and existing under the laws of the state of \_\_\_\_\_ and authorized to do business in Utah, are held and bound unto the Utah Department of Alcoholic Beverage Control in the sum of **\$10,000**, for which payment will be made, we hereby bind ourselves and our representatives, assigns, and successors firmly by these presents.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**THE CONDITION OF THIS OBLIGATION IS SUCH THAT:**

WHEREAS, the above principal has made application to the Utah Alcoholic Beverage Control Commission for a club liquor license pursuant to the provisions of 32B-5-204, Utah Code.

NOW, THEREFORE, if said principal, its officers, agents and employees shall faithfully comply with the provisions of Title 32B, Utah Code, and the rules and directives of the Utah Alcoholic Beverage Control Commission and the Utah Department of Alcoholic Beverage Control, then this bond shall be void; but, if said principal, its officers, agents and employees fail to comply with the provisions of the laws, rules and directives or orders as the commission or department may issue, then this bond shall be in full force and effect and payable to the Utah Department of Alcoholic Beverage Control. This bond shall run for a continuing term effective \_\_\_\_\_ unless canceled by service of written notice upon the Utah Department of Alcoholic Beverage Control, which cancellation shall be effective 30 days after receipt of such notice; provided however, that no part of this bond shall be withdrawn or canceled while violations, legal actions or proceedings are pending against said licensee / principal.

\_\_\_\_\_  
**Surety**

\_\_\_\_\_  
**Principal / Licensee**

\_\_\_\_\_  
Attorney in fact

\_\_\_\_\_  
Authorized signature

{ *Corporate Seal* }

\_\_\_\_\_  
Name / Title

**STATUTORY AFFIDAVIT FOR CORPORATE SURETY**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me, \_\_\_\_\_, who, being by me duly sworn, did say that he / she is the attorney in fact of \_\_\_\_\_, **Surety**, and that said instrument was signed in behalf of said surety by authority, and acknowledged to me that he / she as such attorney in fact executed the same.

\_\_\_\_\_  
**Notary Public Signature & Seal**

**Note: Corporate surety's own affidavit also acceptable**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Month/Date/Year

<b>PRODUCER</b>  Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code Contact & Phone Number	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Your Business entity (LLC, Corp, Partnership or individual) Your DBA - business name Address City, State Zip	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <u>Liquor Liability</u>  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$_____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
	<input type="checkbox"/>	<b>OTHER</b>					

EXAMPLE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Business located at:

<b>CERTIFICATE HOLDER</b>  Department of Alcoholic Beverage Control 1625 S 900 W Salt Lake City, UT 84104  Facsimile Number: (801) 977-6889	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
---	---

**Business Name**  
**Pro Forma Income Statement**

**REVENUE**

**Food** \_\_\_\_\_  
**Liquor Store (wine,beer)** \_\_\_\_\_  
**Beer (3.2%)** \_\_\_\_\_  
**Other** \_\_\_\_\_

**Total Sales Revenue** \$ \_\_\_\_\_

**COSTS OF GOODS SOLD**

**Food** \_\_\_\_\_  
**Liquor Store (wine,beer)** \_\_\_\_\_  
**Beer (3.2)** \_\_\_\_\_  
**Other** \_\_\_\_\_

**Total Costs of Goods Sold** \$ \_\_\_\_\_

**GROSS PROFIT**

\$ \_\_\_\_\_

**EXPENSES**

**Variable Costs**

- Salaries & wages \_\_\_\_\_  
- Employee Benefits \_\_\_\_\_  
- Other Operating Expenses  
    Janitorial \_\_\_\_\_  
    Advertising \_\_\_\_\_  
    Entertainment \_\_\_\_\_  
    Utilities \_\_\_\_\_  
    Telephone \_\_\_\_\_

Total other operating expenses \_\_\_\_\_

**Total Variable Expenses** \_\_\_\_\_

**Fixed Costs**

Mortgage/Rent \_\_\_\_\_  
Insurance \_\_\_\_\_  
Interest \_\_\_\_\_  
Depreciation \_\_\_\_\_

**Total Fixed Expenses** \_\_\_\_\_

**Total Operating Expenses** \$ \_\_\_\_\_

**Net Profit (loss) before taxes** \$ \_\_\_\_\_

**Taxes** \$ \_\_\_\_\_

**Net Profit (loss) after taxes** \$ \_\_\_\_\_