

**DABC BEER WHOLESALING  
APPLICATION CHECKLIST**

The items below must be complete and submitted no later than the **10th of the month**, or sooner 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. \_\_\_\_ A **non-refundable** application fee:  \$300      Licensing fees:  \$2,300      Total = \$3,600
2. \_\_\_\_ Completed Application Form:  Signed & Notarized
3. \_\_\_\_ 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.
4. \_\_\_\_ 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
5. \_\_\_\_ 'Local Consent Form' from the city where the business is located
6. \_\_\_\_ Copy of current local business license
7. \_\_\_\_ Signed Surety Bond or Cash Bond:
  - \$10,000
  - 'Licensed entity' listed as the Principal
  - Business name listed as 'Doing Business As' (DBA)
8. \_\_\_\_ 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
9. \_\_\_\_ Scaled floor plan (8 1/2" x 11") of premises
10. \_\_\_\_  Lease Agreement (signed) or  Premises owned by the applicant
11. \_\_\_\_ Brand & Territorial Agreement(s) between beer wholesaler and each brewer/importer, reflecting brands of beer as well as geographical areas for distribution.
12. \_\_\_\_ Copy of Federal Alcohol & Tobacco Tax and Trade Bureau (ATTTB) permit.

## BEER WHOLESALING LICENSE APPLICATION

Initial license fee \$2,300     
  Application fee (non-refundable) \$330     
  Background fees \$52.75 x \_\_\_\_\_  
 = \$ \_\_\_\_\_

### 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 \_\_\_\_\_

8. Other alcoholic beverage licenses currently or previously held by applicant /entity / or principals: \_\_\_\_\_  
 \_\_\_\_\_

9. Owner of real property & building (lease holder)  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City,State,zip: \_\_\_\_\_

### 10. Ownership / Management

List all individuals; managers; partners; corporate officers; any stockholder owning 20% of the corporation; employees appointed to manage or direct operations

A criminal history background check must be submitted on each person listed. See Instructions for list of documents required. US Citizen – if “no”, provide residency status in section 11. Use additional sheets if necessary.

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

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

\_\_\_\_\_  
\_\_\_\_\_

12. 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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. List Beer Brands (4.0% by volume) \*distributed (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Attach Brand and Territorial Agreement(s) between beer wholesaler and each brewer/importer reflecting brands of beer as well as geographical areas for distribution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Owner of business

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

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

In the State of \_\_\_\_\_ County of \_\_\_\_\_

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

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

\_\_\_\_\_  
Seal

**LOCAL CONSENT  
BEER WHOLESALING LICENSE**

Date \_\_\_\_\_

Utah Department of Alcoholic Beverage Control  
Licensing and Compliance Section  
1625 So 900 West  
PO Box 30408  
Salt Lake City, Utah 84130

Gentlemen:

\_\_\_\_\_ (City)(Town)(County) hereby  
grants its consent to the issuance of a Beer Wholesaling license to \_\_\_\_\_  
\_\_\_\_\_ Beer Wholesaler, located at  
\_\_\_\_\_, pursuant to  
the provisions of Section 32B-13, Utah Code for the purpose of importation, purchase, and storage  
of light beer (4.0% by volume) on premises; and for sale and distribution to licensed retail accounts.

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

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

## **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.

**“BEER WHOLESALING BOND”**

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

**KNOW ALL PERSONS BY THESE PRESENTS:**

That **Principal**, \_\_\_\_\_, a beer wholesaling 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 beer wholesaling licensee pursuant to the provisions of 32B-13, 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>  Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce 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> <input type="checkbox"/> _____ 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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <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 <input type="checkbox"/> _____				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 <input type="checkbox"/> 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 checked="" 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>					

**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 30 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
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