

**DABC MANUFACTURING**  
**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.**

**Winery License**

**Distillery License**

**Brewery License**

1. \_\_\_\_ A **non-refundable** application fee:  \$300      Licensing fees:  \$3,800      Total = \$4,100
2. \_\_\_\_ Completed Application Form:  Signed & Notarized  
Tax identification Numbers:  State Sales Tax #       State Payroll Withholding #  
 DWS #       Federal Taxpayer Identification #
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: \$37.00 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 licenses
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 highlighting areas for storage, sale & consumption of alcohol
10. \_\_\_\_  Lease Agreement (signed) or  Premises owned by the applicant
11. \_\_\_\_ Copy of the Federal Alcohol and Tobacco Tax Trade Bureau (ATTTB) Permit for license type



11. **Residency status** (list and attach proof of residency status for all individuals in section 10 who are not US citizens):

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

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13. **Supply all applicable tax numbers:**

Utah State Sales Tax #: \_\_\_\_\_ Utah Payroll Withholding #: \_\_\_\_\_

Utah Workforce Services #: \_\_\_\_\_ Federal IRS Taxpayer ID #: \_\_\_\_\_

14. **NOTARY**

\_\_\_\_\_ Date

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

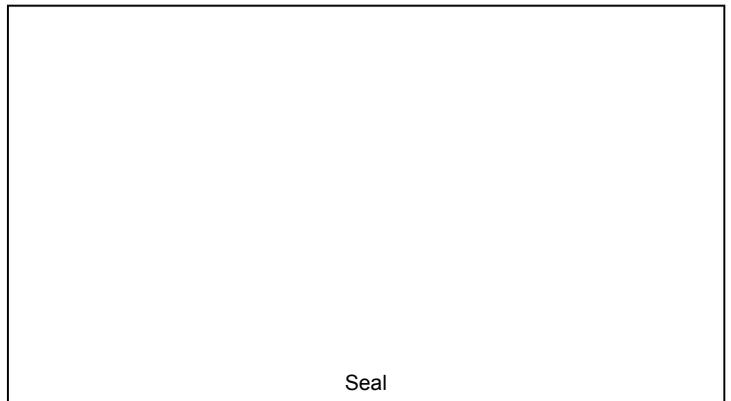
\_\_\_\_\_ Title / Position

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

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

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

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



**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
(Manufacturing)**

**LOCAL CONSENT**

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

Utah Department of Alcoholic Beverage Control  
Licensing & Compliance Section  
1625 So 900 West  
PO Box 30408  
Salt Lake City, Utah 84130-0408

\_\_\_\_\_ (City)(Town)(County) hereby

grants its consent to the issuance of a manufacturing license to \_\_\_\_\_

\_\_\_\_\_, Brewery/Distillery/Winery

located at \_\_\_\_\_,

pursuant to the provisions of Section 32B-11-203 and 32B-11-208, Utah Code, for the purpose of importation, production, sale, and/or other lawful use of alcohol beverage products as authorized by the Utah Department of Alcoholic Beverage Control.

Authorized Signature

\_\_\_\_\_

\_\_\_\_\_

Name/Title

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

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

**Criminal history background checks are required for all owners and persons employed to act in a supervisory or managerial capacity for a package agency, licensee, or permittee.**

*If the owner is a partnership, corporation, or limited liability company*, a criminal history background check is required for all partners, managing agents, managers, officers, directors, or any stockholder who holds at least 20% of the total issued and outstanding stock of the corporation, or a member who owns at least 20% of the limited liability company

Each individual who falls under the description above shall consent to a criminal history background check and shall deliver the following documents and fees to the Department of Alcoholic Beverage Control:

**Background checks for each applicable person must include:**

- Fingerprints - either through a live scan service or a completed FBI fingerprint card
- A signed *Informed Consent & Waiver* form for each individual fingerprinted
- \$37.00 submitted to DABC for each individual fingerprinted

You may have *live scan* fingerprint services done at the DABC by appointment. There is no charge for the fingerprinting services but the \$37.00 Background fee will still apply. Call 801-977-6800 to set up your appointment. New DABC license applicants must submit fingerprints *prior to submitting or with their application*, so please plan ahead for fingerprinting services so you can meet your deadline prior to the 10<sup>th</sup> of the month.

Live scan fingerprint services are also available at other locations. Contact any live scan provider to see if they allow general public services. The *Utah Educator Link* below may provide possible locations for live scanning for the general public. However, you will need to contact these providers individually to verify. Click on the link or copy and paste: <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 fingerprinting services as well. They may be contacted at 801-965-4445 for additional information regarding their fingerprint services.

If you use a different live scan provider other than DABC, you must supply them with the attached *live scan authorization form*. They may or may not charge a fee for their services, but the \$37.00 fee must still be paid to DABC regardless of their service fees.

## 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 fingerprinting services, in accordance with Utah Code 32B-1-303-307, fees of \$37.00 must be submitted to DABC for all owners and persons employed to act in a supervisory or managerial capacity for a package agency, licensee, or permittee. If the owner is a partnership, corporation, or limited liability company, a criminal history background check is required for all partners, managing agents, managers, officers, directors, or any stockholder who holds at least 20% of the total issued and outstanding stock of the corporation, or a member who owns at least 20% of the limited liability company

**“ALCOHOLIC BEVERAGE MANUFACTURING BOND”**

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

**KNOW ALL PERSONS BY THESE PRESENTS:**

That **Principal**, \_\_\_\_\_, an alcoholic beverage manufacturing 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 manufacturing license pursuant to the provisions of 32B-11, 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**  
\_\_\_\_\_  
Attorney in fact  
  
{ Corporate Seal }

\_\_\_\_\_  
**Principal / Licensee**  
\_\_\_\_\_  
Authorized signature  
\_\_\_\_\_  
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>					

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 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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