

UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1625 South 900 West • PO Box 30408 • Salt Lake City UT 84130-0408 • (801) 977-6800 • Fax 977-6888
website: www.abc.utah.gov

PACKAGE AGENCY CONTRACT **APPLICATION CHECKLIST**

Dear Applicant:

The items below should be completed and submitted by the **10th of the month** or earlier, so that your application can be processed in a timely manner. All licensing requirements must be fully satisfied in order to complete your application. You will then be notified of the next monthly Utah Alcoholic Beverage Control Commission meeting when your application will be considered for the issuance of a package agency contract. We recommend that a representative attend the meeting. **If the package agency contract is granted, you must meet with the DABC accounting office to finalize the contract.**

1. Completed application form (enclosed).
2. Ownership entity organizational papers for business:
 - a) if a corporation, submit a copy of the articles of incorporation;
 - b) if a partnership, submit a copy of the written agreement;
 - c) if a limited liability company, submit a copy of the articles of organization.
3. Criminal history background documents. (instructions enclosed)
4. Copy of local business license.
Note: Type 3 package agency applicants are not required to submit a business license.
5. Local consent from either city/town council or county commission, whichever is applicable. (Form enclosed)
6. For types 1,4,5 non-consignment inventory, please submit \$1,000 cash or corporate surety bond (form enclosed).
7. Certificate of public liability insurance.
8. Scaled floor plan (8-1/2" x 11") of package agency, highlighting areas for delivery, storage and sale of liquor.
9. \$125 application fee (non-refundable). Make check payable to UDABC.
10. Exemption Certificate form TC-721.

Enclosed for your information is a list of factors considered in the evaluation of contract applications. If you have questions, contact the accounting division at (801) 977-6800.

9. Ownership: Check appropriate box and provide the requested information in the space below.
(add additional sheets if necessary)

- Applicant is an **individual:** List below information for: (a) Individual
(b) All Managers

- Applicant is a **partnership:** List below information for: (a) All Partners
(b) All Managers

- Applicant is a **corporation:** List below information for: (a) Any Stockholder owning at least 20% of the corporation
(b) All Corporate officers and Directors
(c) All Managers

- Applicant is a **limited liability company (LLC):**
List below information for: (a) Any members owning at least 20% of the company
(b) All Managers

*** In cases of complex corporate structure, please include a chart showing ownership interests of all parent companies until individual person percentages are disclosed. Please include those individual names and percentages below.**

*** If the numbers listed below do not equal 100 %, please indicate the name and percentage of ownership of the remaining owners.**

TITLE _____ NAME _____ HOME ADDRESS _____

HOME PHONE# _____ DR LIC# _____ SS# _____ DOB _____ % OWNED _____

Are you a United States Citizen? _____ If no, must attach a copy of residency status.

TITLE _____ NAME _____ HOME ADDRESS _____

HOME PHONE# _____ DR LIC# _____ SS# _____ DOB _____ % OWNED _____

Are you a United States Citizen? _____ If no, must attach a copy of residency status.

TITLE _____ NAME _____ HOME ADDRESS _____

HOME PHONE# _____ DR LIC# _____ SS# _____ DOB _____ % OWNED _____

Are all individuals listed a United States Citizen? _____ If no, must attach a copy of residency status.

Criminal History. The law prohibits persons who have been convicted of certain crimes from being in the alcoholic beverage business. This applies to any applicant, proprietor, partner, managing agent, director, or officer of the business. This also applies to any stockholder owning at least 20% of the corporation stock, or if a limited liability company, any member owning at least 20% of the company. Please list all criminal offenses other than minor traffic offenses of which you or any of these persons (including persons listed in paragraph 9) have ever been convicted.

In addition, a criminal history background check must be furnished on each person listed in question 7 and in subparagraph 9. Please see documents that accompany this application for detailed instructions.

<u>NAME</u>	<u>CRIMINAL OFFENSE</u>	<u>DATE OF CONVICTION</u>
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10. Have you as an applicant, or any proprietor, partner, managing agent, director, officer or stockholder owning at least 20% corporation stock, or if a limited liability company, any member owning at least 20% of the company had a state alcoholic beverage license, permit or agency revoked within the last three years? _____ If so, please explain. _____

11. Type of business agency to be associated with: _____

12. List other alcoholic beverage licenses held by applicant/principals: _____

13. Date applicant opened for business (or projection): _____

14. Proposed days and hours of agency operation: _____

15. Square footage of retail space, including storage: _____

16. Number of parking stalls: _____

17. Number of guest rooms, if hotel: _____ Occupancy rate: _____

18. List any private or public schools, churches, public libraries, public playgrounds or parks located within 600' of the package agency premises:

Property	Address	Measured Distance
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19. Applicant agrees to immediately notify the department of any change in ownership, and if a corporation, any change in the officers/directors, and understands that failure to do so may result in immediate suspension of the package agency contract.

20. By signing below, the applicant attests that:
a) the applicant is in compliance with all federal and state laws pertaining to the payment of taxes and contributions to unemployment and insurance funds. The following are tax identification numbers of the business.

- i. State Sales Tax #: _____
- ii. State Payroll Withholding Tax #: _____
- iii. State Dept. of Workforce Services #: _____
- iv. Federal Taxpayer Identification #: _____

- b) the proprietor/applicant is at least 21 years of age.
- c) consent is granted to representatives of the Alcoholic Beverage Control Department, Commission, State Bureau of Investigation (Bureau of Alcoholic Beverage Law Enforcement), and other law enforcement agencies to be admitted immediately and permitted without hindrance or delay to inspect the entire premises and all records of the package agency.
- d) 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 thereto or to no longer possess the qualifications for the granting of a package agency contract may result in suspension or revocation of the package agency contract and forfeiture of compliance bond.
- e) the applicant does not and will not discriminate against persons on the basis of race, color, sex, religion, ancestry, or national origin.

21. Applicant agrees as a condition of licensing that he/she has read and will abide by the provisions of the Alcoholic Beverage Control Act (Title 32B, Utah Code) and all Rules of the Commission and directives of the Department and understands that failure to adhere to them shall constitute grounds for suspension or revocation of the package agency contract and forfeiture of compliance bond.

22. The undersigned acknowledges that he/she has read & understands the statements made herein, that execution thereof is done voluntarily and by authorization of said organization; and certifies that the information provided in this application and attached hereto is true and correct.

Date: _____

Applicant/Owner of Business(business entity)

Authorized Signature

Name/Title

STATE OF _____
COUNTY OF _____
Subscribed & sworn to before me
this _____ day of _____, _____.
_____ Notary Public
SEAL:

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 10th 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

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“PACKAGE AGENCY CONTRACT ”

LOCAL CONSENT

Date: _____

Attn: DABC Licensing & Compliance Section

_____(City)(Town)(County) hereby grants its consent to the establishment of a package liquor agency for _____ operated by _____ and located at _____ pursuant to the provisions of Section 32B-2, Utah Code, for the purpose of storage and sale of liquor, wine and heavy beer in unopened containers for off-premise consumption. Furthermore, said organization has met all ordinances relating to issuance of local business license(s).

Check if applicable

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

Print Name / Title

**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
PACKAGE AGENCY LIQUOR BOND**

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That **principal**, _____, a liquor package agency, 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 Department of Alcoholic Beverage Control in the sum of \$1,000, 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 liquor package agency pursuant to the provisions of 32B-2, 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 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 department or commission may issue, then this bond shall be in full force and effect and payable to the Department of Alcoholic Beverage Control. This bond shall run for a continuing term effective _____ unless canceled by service of written notice upon the 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 agency/principal.

Surety

Principal

Attorney in fact

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

Note: Corporate surety's own affidavit also acceptable.



CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED 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"/>	GENERAL LIABILITY <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"/>	AUTOMOBILE LIABILITY <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"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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"/>	OTHER					

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

Business located at:

CERTIFICATE HOLDER Department of Alcoholic Beverage Control 1625 S 900 W Salt Lake City, UT 84104 Facsimile Number: (801) 977-6889	CANCELLATION 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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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: Department of Alcoholic Beverage Control		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

PACKAGE AGENCY APPLICATION EVALUATION FACTORS

The Department of Alcoholic Beverage Control and Alcoholic Beverage Control Commission will utilize the following factors for package agency contract application evaluation:

1. Density of liquor availability in area.
2. Days and hours of operation.
3. Nature of business agency associated with.
4. Size of retail sales and storage space.
5. Parking and public and delivery access.
6. Length of time in operation.
7. Management experience:
 - a. Liquor
 - b. Financial
8. Population and traffic area.
9. Tourist traffic.
10. Compliance relative to the alcoholic beverage laws and rules.
11. Public input.