Utah Department of
Alcoholic Beverage Control
P.O. Box 30408
Salt Lake City, UT 84130

DABC RETAIL APPLICATION CHECKLIST

Website: www.abc.utah.gov
Phone 801-977-6800
Fax 801-977-6889

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. ____ Licensing fees: ☐ $2,200 Full Restaurant, ☐ $1,275 Limited Restaurant, ☐ $825 Beer Only Restaurant, ☐ $300 Beer Recreational, ☐ $750 Reception/Banquet, ☐ $1,500 Tavern, ☐ $2,750 Club,

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: $37.00 for all owners and persons employed to act in a supervisory/managerial capacity. (see background instructions)

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. ____ ☐ Lease Agreement (signed) *or* ☐ Premises owned by the applicant

15. ____ Copy of Club Bylaws and/or House Rules (Equity and Fraternal Clubs only)

Utah Department of Alcoholic Beverage Control P.O. Box 30408 Salt Lake City, UT 84130	**RECEPTION CENTER ON-PREMISE RETAIL LICENSE APPLICATION** **Application fee (non-refundable) $300** **Initial license fee $750**	Licensing and Compliance Division Application Number _____

☐ At least 5000 sq. ft.
☐ Culinary facilities on the premises (or under the control of the center)
☐ Adequate facilities to prepare full meals.

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. Business tax, withholding, workforce services identification numbers

Utah Sales Tax _____ Utah Payroll Withholding _____

Utah Workforce Services _____ Federal Taxpayer Identification _____

14. Owner of real property & building (lease holder)

Name: _____ Address: _____

Phone: _____ City,State,zip _____

15. 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.

_____

16. 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 17. 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

17. Residency status (list and attach proof of residency status for all individuals in section 16 who are not US citizens):

_____

_____

18. 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)

_____

_____

19. 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

_____ Applicant/Owner of business

_____ Title / Position

_____ Authorized Signature

State of _____

County of _____ **Subscribed and**

sworn before me this day _____ **of** _____**, 20**_____

_____ **Notary Public Signature**

_____ **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 permitee.

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 m y 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 permitee. 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

RECEPTION CENTER 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 Reception Center 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.

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

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

"RECEPTION CENTER BOND"

BOND# _____

KNOW ALL PERSONS BY THESE PRESENTS:

That **Principal**,_____, a reception center 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 reception center 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

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.

INSURED

Your Business entity (LLC, Corp, Partnership or individual)
Your DBA - business name
Address
City, State Zip

INSURERS AFFORDING COVERAGE		NAIC #
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	☒	**GENERAL LIABILITY** ☒ COMMERICAL GENERAL LIABILITY ☐ ☐ CLAIMS MADE ☒ OCCUR ☒ Liquor Liability ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER ☒ POLICY ☐ PROJECT ☐ 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
							$
	☐	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ _____ ☐ _____				COMBINED SINGLE LIMIT (Each Occurrence)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
	☐	**GARAGE LIABILITY** ☐ ANY AUTO ☐ _____				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
	☐	**EXCESS/UMBRELLA LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $_____				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
	☐	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				☐ WC STATUTORY LIMITS ☐ OTHER	
						E.L. EACH ACCIDENT	$500,000
						E.L. DISEASE - EA EMPLOYEE	$500,000
						E.L. DISEASE - POLICY LIMIT	$500,000
	☐	**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

EXAMPLE

© ACORD CORPORATION 1988

_____

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				$_____