

**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. _____ 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. _____ Menu: [] 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)

**RESTAURANT
ON-PREMISE RETAIL LICENSE
APPLICATION**

Licensing and Compliance Division

Application Number _____

Restaurant (full)

Initial license fee \$2,200
Application fee (non-refundable) \$330

Restaurant (limited)

Initial license fee \$1,275
Application fee (non-refundable) \$330

Restaurant (Beer Only)

Initial license fee \$825
Application fee (non-refundable) \$330

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

 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

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

BEER ONLY RESTAURANT 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 Beer Only Restaurant 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 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

“BEER ONLY RESTAURANT BOND”

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That **Principal**, _____, a beer only restaurant 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 **\$5,000** 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 only restaurant 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.	
	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 OCCURENCE	\$
						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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Business Name
Pro Forma Income Statement

REVENUE

Food _____
Beer (3.2%) _____
Other _____

Total Sales Revenue \$ _____

COSTS OF GOODS SOLD

Food _____
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 \$ _____