

DABC HOTEL
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 State Payroll Withholding #
Tax identification Numbers: State Sales Tax # Federal Taxpayer Identification #
 DWS #
2. _____ **Non-refundable** application fee: \$500 Initial License Fee \$5,000 (includes 3 license types)
Required - choose 1 banquet, 1 dining type & 1 other type (Dining & Social clubs are separate type Licenses)
 Full Restaurant Limited Restaurant Beer Only Restaurant Dining Club Banquet
 Beer Recreational Tavern Social Club
Additional Sub-licenses \$2,000 each = \$ _____
Hotels with capacity of 150 or more rooms may have up to 3 club (of the same type) or 3 restaurant (of the same type) locations
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: \$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.
5. _____ Exemption Certificate form TC-721
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. _____ Hotel 'Local Consent Form' from the city where the business is located
8. _____ Copy of current local business licenses (all that apply): Hotel (business) Liquor Beer
(Applications may be considered "conditional" without submitting the business license)
9. _____ Signed Hotel Surety Bond or Cash Bond:
 \$10,000
 '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) for **each sublicense**
12. _____ Scaled floor plan (8 1/2" x 11") of **each sublicense** (highlight storage, sale & consumption areas) **and a hotel boundary map.**
13. _____ Menus: [] Food menu [] Alcoholic beverage menu with prices for **each sublicense**
14. _____ Lease Agreement (signed) or Premises owned by the applicant

Utah Department of
Alcoholic Beverage Control
1625 South 900 West
P.O. Box 30408
Salt Lake City, UT 84130

HOTEL RETAIL LICENSE APPLICATION

Licensing and Compliance Division

Application Number _____

Application fee (non-refundable) \$500 Initial license fee \$5,000 (Includes 3 sublicenses) Additional sublicenses # _____
X \$2,000 each = \$ _____

Choose sublicenses - MUST include a restaurant (or dining club license) and a banquet license with room service:

Full Restaurant Limited Restaurant Beer Restaurant Dining Club Banquet (+ Room Service) Social Club
 Tavern On-Premise Beer _____
Type

HOTEL INFORMATION

1. **Ownership entity:** _____
Entity Type: Individual Partnership Corporation Limited Liability Company

2. **DBA of hotel:** _____

3. **Total # of guest rooms** _____ There must be at least 40 guest rooms to qualify for a Hotel License.
To qualify for up to three restaurant or club sublicenses of the same type, the hotel must have at least 150 guest rooms.

4. **Business address:** _____
STREET CITY STATE ZIP

5. **Mailing address:** _____
(IF DIFFERENT) STREET CITY STATE ZIP

6. **Business phone:** _____ Email: _____

7. **Contact person:** _____ Phone #: _____ Email _____

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

9. **# of parking stalls:** _____ 9b. **Days / hours of operation:** _____

10. **Business tax, withholding, workforce services identification numbers:**
Utah Sales Tax _____ Utah Payroll Withholding _____
Utah Workforce Services _____ Federal Taxpayer Identification _____

11. **Owner of real property & building (lease holder):**
Name: _____ Address: _____
Phone: _____ City, State, zip _____

12. **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.

13. HOTEL OWNERSHIP

List all individuals, partners, corporate officers, and any stockholder owning 20% or more of the corporation or % of publicly traded. Ownership must = 100%
 A criminal history background check must be submitted on each person listed below. See Instructions for list of documents required. US Citizen – if “no”,
 provide residency. Use additional sheets if necessary.

Name	Complete home address (include city, state, zip code)	Position	Date of Birth <u>Day / Month</u> Year	% Owned	US Citizen Y/N

14. Residency status (list and attach proof of residency status for all individuals who are not US citizens): _____

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

SUBLICENSE INFORMATION

16. BANQUET: The banquet sublicense is required and must include room service. Yes - Room service included

- a. DBA of banquet: _____
- b. Date opened for business (projected): _____ Days / hours of operation: _____
- c. Total square footage for the banquet premises: _____
- d. Projected *monthly* gross sales of food: \$ _____ and alcohol \$ _____
- e. Projected *annual* cost of all liquor, wine and beer \$ _____

17. DINING TYPE (one type required) Full Restaurant Limited Beer Only Dining Club

- a. DBA - Dining Type 1: _____
 (List type) 2: _____
 3: _____
- b. Date opened for business (projected): _____ Days / hours of operation: _____
- c. Total square footage for the restaurant premises: _____
- d. Projected *monthly* gross sales of food: \$ _____ and alcohol \$ _____
- e. Projected *annual* cost of all liquor, wine and beer \$ _____

23. Are you an industry member; or do you own or have interest in a brewery, winery or distillery?

No _____ Yes _____ If "Yes" explain below (use additional sheets as necessary)

24. Attestation:

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

Title / Position

Authorized Signature

State of _____

County of _____ **Subscribed and**

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

Notary Signature

Seal

HOTEL 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 HOTEL 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.

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 10th 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.



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

“HOTEL LIQUOR BOND”

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That **Principal**, _____, a HOTEL liquor 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 HOTEL liquor 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					

EXAMPLE

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
---	--

Business Name
Pro Forma Income Statement

REVENUE

Food _____
 Liquor, wine, heavy beer _____
 Beer (3.2%) _____
 Other _____

Total Sales Revenue \$ _____

COSTS OF GOODS SOLD

Food _____
 Liquor, wine, heavy 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 \$ _____