

**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1625 South 900 West \*P.O. Box 30408\*Salt Lake City UT 84130-0408\*(801)977-6800

**TRADE REQUEST**

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

Company: \_\_\_\_\_

**PRODUCT FOR TRADE**

Brand Name Size Code Price

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**REQUESTED PRODUCT FOR TRADE LISTING**

Brand Name Size Code Price

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Utah Quote and Fact Sheet must be attached.

I attest that I am the authorized representative for these products and that to the best of my knowledge, a change in representation for these products is not taking place.

State Representative:

\_\_\_\_\_

\_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: