



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

Public Service Permit
CHANGE OF LOCATION REQUEST
CHECKLIST

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

A change of location requires Commission approval unless delegated to the Department. For Commission approval, the items below must be complete and submitted no later than the **10th of the month**, or sooner so that your request can be processed in time for DABC Commission review that month. All permitting requirements must be fully satisfied in order to complete your request. ***Final approval for permitting is subject to inspection of premises.** INCOMPLETE REQUESTS WILL BE RETURNED.

1. _____ Completed Request Form: Signed & Notarized

2. _____ *Local Consent* form signed by the city where your new business is located if required by the city
(Go to <https://abc.utah.gov/> & download the correct Local Consent form for your license type)

3. _____ Copy of NEW LOCATION local business licenses (all that apply): Business Liquor Beer

4. _____ Updated *ACORD Certificate of Insurance* for public liability and liquor liability 'dram shop' coverage with new address

 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

5. _____ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
* (Revisions to the floor plan must be submitted to and approved by DABC).

6. _____ Evidence showing the proximity of the hospitality room to the arrival and departure area of the public service conveyance

7. _____ Lease Agreement (signed) *or* Premises owned by the applicant



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PERMIT & PERMITEE INFORMATION

1. Business name: _____ DABC license number: _____
2. Current licensed address: _____
STREET NUMBER STREET NAME CITY ZIP
3. Contact person: _____ Business Phone: _____
 Mobile Number: _____ Email: _____

BUSINESS / PROPERTY INFORMATION

4. New location address: _____
STREET NUMBER STREET NAME CITY ZIP
- If the new location is inside the Salt Lake City International Airport, please provide terminal location: _____
5. Attach a floorplan for the new hospitality room or facility (DABC must approve the new floor plan)
 5b. Evidence of proximity to the arrival and departure area (DABC must approve the new location)
6. Mailing address (if different) _____
STREET NUMBER STREET NAME CITY ZIP
7. Projected open date: _____ Projected days / hours of operation: _____
8. Owner of real property & building (lease holder)
 Name: _____ Address: _____
 Phone: _____ City,State,Zip _____

The undersigned hereby makes a request to the Utah Alcoholic Beverage Control Commission for the relocation of a Public Service Permit and certifies that the information contained herein and attached hereto is true and correct and agrees not to sell, offer for sale, furnish, or allow the consumption of an alcoholic product at the proposed location before obtaining Commission approval

Date

State of _____ County of _____

Sworn before me this _____ day of _____ 20____

Applicant/Owner of business

Notary Signature

Title / Position

Authorized Signature

SEAL