Utah Department of Alcoholic Beverage Control
1625 South 900 West
Salt Lake City, UT

RESORT LICENSE
APPLICATION CHECKLIST

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

All items in the checklist below (except the business license) must be completed before an application will be accepted by DABC. We will attempt to complete investigations for applications received by the 10th of the month for commission review that same month. However, an investigation may take up to three months to complete. You may also be asked to supply additional documentation as needed for the investigation. Applications can be approved as "conditional" 9 to 12 months prior to opening. Therefore, we encourage you to apply early to allow for adequate time for investigation and processing. Final approval for licensing is subject to an inspection of premises.

1. _____ Completed Application Form: ☐ Signed & Notarized

2. _____ A **non-refundable** application fee: ☐ $300 ☐ $10,000 Licensing fees - includes 4 sublicenses

3. _____ Choose at least 4 Sublicenses ☐ Banquet ☐ Full Restaurant ☐ Limited Restaurant ☐ Beer-Only Restaurant ☐ Bar ☐ Beer Recreational ☐ Hospitality Amenity ☐ Spa

   Additional Sub-Licenses above 4 are $2,000 each = $_____

4. _____ Criminal history background documents:
   - ☐ Electronic fingerprints or fingerprint card(s). Electronic fingerprinting (Live Scan) is available at DABC by appointment, at BCI, or other FBI electronic fingerprint provider locations. (See instructions).
   - ☐ Signed 'Informed Consent and Waiver' form
   - ☐ FBI Background fees (see background instructions) for all owners and persons employed to act in a supervisory or managerial capacity.

5. _____ Exemption Certificate form TC-721– (does not apply to 'beer only' establishments)

6. _____ Ownership entity / organizational documents filed with Utah Department of Commerce
   - ☐ Individual / Sole Proprietor
   - ☐ If a Corporation, submit a copy of the Articles of Incorporation
   - ☐ If a Partnership, submit a copy of the written partnership agreement
   - ☐ 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 (check all that apply): ☐ Hotel Business ☐ Liquor ☐ beer
   * Applications may be considered "conditional" without submitting a business license. Some local jurisdictions will require a license for each sub-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 the certificate holder

11. _____ Projected profit and loss statement (template attached)

12. _____ 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).

13. _____ Menus for each sub-license: ☐ Food menus ☐ Alcoholic beverage menus with prices

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

15. _____ Responsible Alcohol Service Plan (RASP) ☐ Manager Training Scheduled ☐ _____

Utah Department of Alcoholic Beverage Control 1625 South 900 West P.O. Box 30408 Salt Lake City, UT 84130	**RESORT** **Retail License Application**	**Licensing and Compliance Division Application Number** _____

☐ Application fee (non-refundable) $300 ☐ Sublicense fees $10,000 (Includes 4 sublicenses) ☐ Additional Sublicenses # _____

CHOOSE SUBLICENSES: X $2,000 each = $ _____

☐ Full Restaurant ☐ Limited Restaurant ☐ Beer-only Restaurant ☐ Banquet ☐ Bar Establishment
☐ Hospitality Amenity ☐ Beer Recreational _____ ☐ Resort Spa
Indicate Type

RESORT INFORMATION

There must be ONE RESORT BUILDING physically touching the boundary of an affiliated ski resort, at least 150 dwelling units, 50% of which are owned by a person other than the resort licensee, and a minimum of 400,000 square feet, not including parking, to qualify for a Resort License.

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

2. DBA of Resort: _____

3. Total # of dwelling units _____ 3a. # owned by Resort _____ 3b. Total sq. ft. of the building _____

4. Physical 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: _____ 8b. Days / hours of operation: _____

10. Federal, state, withholding, and workforce service tax compliance:

    ☐ By checking this box, I acknowledge that I am legally obligated to comply with the applicable federal and state laws pertaining to payment of taxes and contributions to unemployment and insurance funds.

11. Owner of real property & building (leaseholder):

    Name: _____ Address: _____

    Phone: _____ City,State,zip: _____

12. Proximity: List any private or public schools, churches, public libraries, public playgrounds, parks, or educational facilities (does not include nursery schools, infant daycare centers, or trade / technical schools) located within 600 feet pedestrian travel or 200 feet straight line.

    _____

13. RESORT OWNERSHIP

List all individuals, partners, managers, officers, directors, or members. Individual percentages owned must = 100% (not just an entity). Anyone owning at least 20% of an entity and all individuals listed previously who have controlling interest 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 14. Use additional sheets if necessary. For complex corporate structures, please include an organizational chart showing ownership interests of all parent companies until all individual person percentages are disclosed.

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

SUBLICENSE INFORMATION

14. **BANQUET:**

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 $ _____

15. **DINING TYPE:** ☐ Full Restaurant ☐ Limited ☐ Beer Only

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 $ _____

16. **BAR ESTABLISHMENT:**

a. DBA of Bar 1: _____

2: _____

3: _____

b. Date opened for business (projected): _____ Days / hours of operation: _____

c. Total square footage for the club premises: _____

d. Projected *monthly* gross sales of food: $ _____ and alcohol $ _____

17. **RESORT SPA:**

a. DBA of Resort Spa: _____

b. Date opened for business (projected): _____ Days / hours of operation: _____

c. Total square footage for the spa premises: _____

d. Projected *monthly* gross sales of food: $ _____ and alcohol $ _____

18. **OTHER:** ☐ Hospitality Amenity ☐ Beer Recreational ☐ Full Restaurant ☐ Limited ☐ Beer Only

a. DBA of other license: _____

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 $ _____

19. **SUBLICENSE MANAGEMENT**

List all managers or employees appointed to manage or direct operations of the sublicenses. A criminal history background check must be submitted for each person listed. See Instructions for a list of documents required. US Citizen – if "no", provide residency status. Use additional sheets if necessary.

Name	Complete home address (include city, state, zip code)	Position & Associated with which SUBLICENSE	Date of Birth Day / Month Year	US Citizen Y/N

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

_____

21. 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) _____

_____

22. 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

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's access to federal, state, and local sales, payroll, income, and real and personal property tax information.
The undersigned verifies that the applicant complies 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

DO YOU HAVE A VIOLATION HISTORY

32B-5-203 Commission and department duties before issuing a retail license.

> *. . . Before issuing a retail license, the commission shall consider operational factors such as considering the person's ability to manage and operate a retail license and consider any other factor the commission considers necessary.*

The Commission and department are required, before issuing a retail license, to conduct an investigation as to whether a retail license should be issued. The Commission has determined that one of those factors that will affect their decision to grant a license is whether or not an applicant has had a violation history. Commission Policy States:

- Any applicant which has had a violation history will NOT be considered for a new license for THREE MONTHS after the final commission order for any serious or grave violations.
- All applicants with a violation of serious or grave in the last four months to a year will be required to appear before the commission to address whether a new license should be granted.
- The commission will consider the number of violations and all mitigating and aggravating factors in determining when, if at all, to grant a license.
- For the purpose of this policy, violation history applies to all licenses where there is common ownership of 20% or more.
- DABC staff has been instructed to inform applicants with a pending violation or a violation history in the last three months to apply *after* the prescribed periods.

Please check with DABC to determine if or when a violation was adjudicated

Any Violations ☐ No ☐ Yes *If Yes, fill in the information below:*

Violation _____ ☐ Serious ☐ Grave Date Adjudicated_____

Violation _____ ☐ Serious ☐ Grave Date Adjudicated_____

Violation _____ ☐ Serious ☐ Grave Date Adjudicated_____

Violation _____ ☐ Serious ☐ Grave Date Adjudicated_____

Date the application may be considered by the Commission_____

Criminal History Background Check Procedures

DABC Licensees / Applicant / Owner / Manager

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
- $33.25 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 $33.25 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 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 $33.25 fee must still be paid to DABC regardless of their service fees.

DABC LICENSEE & MANAGER BACKGROUND CHECK INFORMED CONSENT AND WAIVER

_____ _____

Print - Name of Applicant (First, Middle, Last) Date of Birth (Month, Day, Year)

_____ _____

Name of Employer Employer Address

_____ _____

Job Title Phone Number of the Applicant

(The above information to be verified by valid identification document(s) prior to background check request per Section 1028 of Title 18, United States Code)

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. Procedures for challenging the State of Utah records if Utah has records that the FBI does not (UCA 53-10-108) can be found on the BCI website at: https://bci.utah.gov/wp-content/uploads/sites/15/2018/01/Challenge-Application-12-5-2017.pdf

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.

My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. DABC will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview. I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.

I have read the attached Privacy Statement and understand my rights according to this statement.

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.

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.

_____ _____

Signature Date

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the routine uses for the NGI system and the FBI's blanket routine uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Utah Department of Alcohol Beverage Control

LIVE SCAN AUTHORIZATION FORM

Billable to DABC

Agency Billing Code: B1664 (DABC – WIN/FBI)
Type of Background Check Required: WIN/FBI Check: NFUF

Use this form if NOT doing fingerprinting services at DABC. Any qualified 'Live Scan' provider that can provide the services may do so using the DABC billing code. They may or may not charge a fee for their services. Call Ahead!

Date: _____

Applicant Name: _____

Applicant DOB: _____ Applicant SSN: _____

DABC Authorization Signature: Angela Micklos

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 $33.25 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

Utah State Tax Commission • 210 N 1950 W • Salt Lake City, UT 84137

Exemption Certificate

(Sales, Use, Tourism and Motor Vehicle Rental Tax)

TC-721
Rev. 7/15

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 signer of this certificate MUST check the box showing the basis for which the exemption is being claimed.

DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION
Keep it with your records in case of an audit.

❑ **RESALE OR RE-LEASE**
Sales Tax License No. _____

I certify I am a dealer in tangible personal property or services that are 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 directly to the Tax Commission on my next sales and use tax return.

❑ **COMMERCIAL AIRLINES**
Sales Tax License No. _____

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.

❑ **RELIGIOUS OR CHARITABLE INSTITUTION**
Sales Tax License No. _____

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.**

_____

NOTE TO SELLER: Keep this certificate on file since it must be available for audit review. Questions? Email taxmaster@utah.gov, or call 801-297-2200 or 1-800-662-4335.

If you need an accommodation under the Americans with Disabilities Act, email **taxada@utah.gov**, or call 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.

DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION

RESORT 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.

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 Resort liquor license and its sublicenses to:

Entity Name (or owner's name if sole proprietor): _____

Location Address: _____

List all Sublicenses that apply:

1. Banquet DBA: _____
2. Restaurant DBA: _____
   Indicate which type of restaurant: ☐ Full ☐ Limited ☐ Beer Only
3. Bar DBA: _____
4. Hospitality Amenity: _____
5. Resort Spa: _____
6. Beer Recreational (Indicate type): _____
7. Other (Indicate type): _____

(If there are more sublicenses, list them on a separate sheet)

_____
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

"RESORT LIQUOR BOND"

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That **Principal**, _____, a RESORT liquor licensee, doing business as (DBA)_____, 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 **$25,000,** for which payment will be made, we hereby bind ourselves and our representatives, assigns, and successors firmly by these presents.

Dated this _____ day of _____, 20_____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above principal has made application to the Utah Alcoholic Beverage Control Commission for a RESORT 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
	_____
	Name / Title

{ Corporate Seal }

STATUTORY AFFIDAVIT FOR CORPORATE SURETY

STATE OF: _____

COUNTY OF: _____

On the _____ day of _____, 20_____, 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:

EXAMPLE

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

PRO FORMA INCOME STATEMENT

Annual Estimated Income and Expenses

Business Name: _____

REVENUE:

Food	$ _____
Alcohol (spirits, wine, beer and heavy beer)	$ _____
Other Revenue	$ _____
Total Sales Revenue:	$ _____
	Percentage of alcohol vs food sales: % _____

COSTS OF GOODS SOLD:

Food	$ _____
Alcohol (spirits, wine, beer and heavy beer)	$ _____
Other	$ _____
Total Costs of Goods Sold:	$ _____
	GROSS PROFIT: $ _____

EXPENSES:

Variable Costs

- Salaries & wages $ _____
- Employee Benefits $ _____

Other Operating Expenses

- Janitorial $ _____
- Advertising $ _____
- Entertainment $ _____
- Utilities $ _____
- Telephone $ _____

Total Variable Expenses: $ _____

Fixed costs:

- Mortgage/Rent $ _____
- Insurance $ _____
- Interest $ _____
- Depreciation $ _____

Total Fixed Expenses $ _____

TOTAL OPERATING EXPENSES: $ _____

Net Profit (or loss) before taxes $ _____

- Taxes $ _____

NET PROFIT (OR LOSS) AFTER TAXES $ _____

How to Write Your

RESPONSIBLE ALCOHOL SERVICE PLAN – (RASP)

Effective May 9th, 2017, a Responsible Alcohol Service Plan (RASP) must be submitted as a requirement of DABC licensing and renewal.

What is a RASP?

A Rasp is a written set of policies and procedures that outlines measures to prevent employees from:

(a) Over-serving alcoholic beverages to customers;
(b) Serving alcoholic beverages to customers who are actually, apparently, or obviously intoxicated; and
(c) Serving alcoholic beverages to minors.

Every business is different, i.e. more or fewer employees, size of the business, amount of alcohol sales, restaurants vs bars or bowling centers etc. So each RASP should reflect the best possible way for your business to succeed in "Responsible Alcohol Service". Take each point separately and decide:

1. How will our business prevent over service?"
2. How will we prevent not serving someone who is already intoxicated?
3. How will we prevent our servers from ever serving anyone under the age of 21?

- Put some time and thought into your RASP.
- Make certain that your employees are aware of your own particular RASP procedures, be trained on it, and follow it.
- A copy of your RASP will be kept on file with DABC.
- You can write new RASP plan as circumstances change or new information is added.
- These plans will be required annually, and compliance officers will check to make sure they are being implemented at your business.
- Send any new plans to DABC as well as re-train your employees.

REQUIRED MANAGER TRAINING CLASSES

Effective January 2018

EVERY MANAGER working in a DABC retail licensed business must complete a Manager Training Program.
"Retail manager" means an individual who (a) manages operations or (b) supervises the furnishing of an alcoholic product at a premises that is licensed under 32B Alcoholic Beverage Control Act.

NOTE: A "manager" includes owners, assistant managers, supervisors, team leads, etc. if they meet the definition above.

ALL NEW DABC APPLICANTS are required to obtain management training prior to obtaining a license. Please sign up as part of your application process.

MANAGER TRAINING DATES:

Trainings will be conducted at the DABC *(unless otherwise noted on the website)* at 1625 South 900 West in Salt Lake City. The cost is $25 per manager. Call ahead and register as seating is limited. Remember that the last date to complete the training for new applicants is prior to obtaining licensing.

Visit our website for training days and times at:
https://abc.utah.gov/new/documents/MandatoryManagerTrainingSchedule.pdf

REMEMBER! . . . ANY NEW MANAGER being added to your license must complete the manager training program and have their background check completed within 30 days of hire as a manager.