

**DABC PACKAGE AGENCY
APPLICATION CHECKLIST**

The items below must be complete and submitted no later than the **10th of the month**, or sooner. All licensing requirements must be fully satisfied in order to complete your application. **INCOMPLETE APPLICATIONS WILL BE RETURNED.** If the package agency contract is granted by the Commission, **you must still finalize the contract** with the DABC Compliance Division before operations begin.

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: \$125
3. ____ 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: \$33.25 for all owners and persons employed to act in a supervisory/managerial capacity. (see background instructions)
4. ____ Exemption Certificate form TC-721
5. ____ 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
6. ____ 'Local Consent Form' from the city where the business is located (form enclosed)
7. ____ Copy of current local business license (Except type 3 package agencies which are NOT required to submit a business license).
8. ____ Signed Surety Bond or Cash Bond:
 Type 1,4, and 5 package agencies must submit a \$1,000 bond (form attached)
 Type 2 & 3 package agencies **with consignments** must submit a bond in the amount of the consignment
 Type 2 & 3 package agencies **without consignments** must carry a bond in the amount of the average monthly sales or \$1,000, whichever is greater
 "Licensed entity" must be entered as the principal on the bond form
 Business name must be entered in the 'Doing Business As' on the bond form (DBA)
9. ____ Certificate of insurance for public liability coverage (template attached)
 Minimum 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
10. ____ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
11. ____ Responsible Alcohol Service Plan (RASP)

1. Please indicate the type(s) of package agency you are applying for:

- Type 1 Located in a hotel, ski lodge, summer recreational area, or other resort environment to serve the general public and guests.
- Type 2 In conjunction with another business where the primary source of income to the operator is not from the sale of liquor (e.g. small grocery stores in rural communities).
- Type 3 Not in conjunction with another business, but is for the sole purpose of selling liquor.
- Type 4 Located in a facility for the purpose of selling and delivering liquor to tenants or occupants of specific rooms which have been leased, rented, or licensed within the same facility, and is not open to the general public (e.g. hotel room service or private suites at sports arenas).
- Type 5 Located within a winery, brewery, or distillery licensed by the commission.

Ownership Information

2. Ownership Entity: _____
Entity Type: Individual Partnership Corporation Limited Liability Company

3. DBA:(assumed name of business) _____

4. Package Agency Address: _____
STREET CITY STATE ZIP

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

6. Name/Title of agent: _____ Email _____

7. Agency Phone: _____ Mobile: _____ Other: _____

8. List any other alcoholic beverage licenses currently or previously held by applicant /entity / principals:

Business / Property Information

9. Type of business this package agency is associated with: _____

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

11. Square footage of retail space (including storage): _____ Number of Parking stalls: _____

12. Number of guest rooms if hotel: _____ Occupancy rate: _____

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, or parks located within 600 feet pedestrian travel or 200 feet straight line.

16. **Ownership / Management**

List all individuals, partners, managers, officers, directors or members. Percentage owned must = 100%. Also list employees appointed to manage or direct operations of the business. Anyone owning at least 20% of an entity 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. 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 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

_____ Applicant / Owner of the business (print)

_____ Title / Position

_____ Authorized Signature

State of _____ County of _____

Subscribed and sworn before me this day _____ of _____ 20_____

_____ Notary Public 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 the 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 - GOOD TO GO!

YES - If Yes! fill in the information below for any serious or grave violations:

Violation _____ Serious Grave Date Adjudicated _____

- Date the application may be considered by the Commission: _____
- The applicant must report to the Commission until: _____

DABC Licensees /Applicant / Owner /Manager 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
- \$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: _____ RuthAnne Oakey-Frost _____

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 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

DABC PACKAGE AGENCY PERMIT

Local Consent

PURPOSE: Local business licensing authority provides written consent to the Alcoholic Beverage Control Commission to issue a PACKAGE AGENCY PERMIT for the purpose of storage and sale of liquor, wine and heavy beer in unopened containers for off-premise consumption.

AUTHORITY: Utah Code 32B-2-601 Commission's power to issue package agency

_____ City Town County

Local business license authority

Hereby grants its consent to the issuance of a Package Agency:

- Type 1 – located in a hotel, ski lodge, summer recreational area, or other resort environment to serve the general public and guests.
- Type 2 - In conjunction with another business where the primary source of income to the operator is not from the sale of liquor (e.g. small grocery stores in rural communities).
- Type 3 – Not in conjunction with another business, but is for the sole purpose of selling liquor.
- Type 4 – Located in a facility for the purpose of selling and delivering liquor to tenants or occupants of specific rooms which have been leased, rented or licensed within the same facility and is not open to the general public (e.g. hotel room service or private suites at sports arenas).
- Type 5 - Located within a winery, brewery, or distillery licensed by the commission.

Business Name (DBA): _____

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

Location Address:

City

Street

State

ZIP

Authorized Signature

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
PACKAGE AGENCY LIQUOR BOND

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That Principal, _____ a liquor package agency, doing business as _____ and surety, _____ corporation organized and existing under the laws of the state of _____ and authorized to do business in Utah, are held and bound unto the Department of Alcoholic Beverage Control in the sum of **\$1,000**, 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 liquor package agency pursuant to the provisions of 32B-2, 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 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 department or commission may issue, then this bond shall be in full force and effect and payable to the Department of Alcoholic Beverage Control. This bond shall run for a continuing term effective _____ unless canceled by service of written notice upon the 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 agency/principal.

Surety

Principal

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.

UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
PACKAGE AGENCY CONSIGNMENT LIQUOR INVENTORY BOND

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That Principal, _____ a liquor package agency,
doing business as _____ and surety,
_____ corporation organized and existing under
the laws of the state of _____ and authorized to do business in Utah, are
held and bound unto the Department of Alcoholic Beverage Control in the sum of \$ _____
[consignment inventory amount], 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 liquor package agency pursuant to the provisions of 32B-2, 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 Department of Alcoholic Beverage Control, and shall account and pay for all liquors which shall be delivered to any of them by the Department, or return said unsold liquors to the Department in salable condition, 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 department or commission may issue, then this bond shall be in full force and effect and payable to the Department of Alcoholic Beverage Control. This bond shall run for a continuing term effective _____ unless canceled by service of written notice upon the 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 agency/principal.

Surety

Principal

Attorney in fact

Authorized Signature

Name/Title

{Corporate Seal}

{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.	
	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"/> <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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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

PACKAGE AGENCY APPLICATION EVALUATION FACTORS

The Department of Alcoholic Beverage Control and Alcoholic Beverage Control Commission will utilize the following factors for package agency contract application evaluation:

1. Density of liquor availability in area.
2. Days and hours of operation.
3. Nature of business agency associated with.
4. Size of retail sales and storage space.
5. Parking and public and delivery access.
6. Length of time in operation.
7. Management experience:
 - a. Liquor
 - b. Financial
8. Population and traffic area.
9. Tourist traffic.
10. Compliance relative to the alcoholic beverage laws and rules.
11. Public input.