

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

Scientific  
**SPECIAL USE PERMIT**  
Application Checklist

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

All items in the checklist 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. We encourage you to apply early to allow for adequate time for investigation and processing.

1. \_\_\_\_ Completed Application Form:  Signed & Notarized
2. \_\_\_\_ Initial fee:  \$125
3. \_\_\_\_ Supplemental questionnaire
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: \$32.00 for all owners and persons employed to act in a supervisory/managerial capacity. (see background instructions)
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
7. \_\_\_\_ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
8. \_\_\_\_  Lease Agreement (signed) or  Premises owned by the applicant

**SCIENTIFIC  
SPECIAL USE PERMIT  
APPLICATION**

\$125 Application Fee

**Ownership Information**

1. **Ownership Entity:** \_\_\_\_\_  
**Entity Type:**                      Individual       Partnership       Corporation       Limited Liability Company

2. **DBA: (assumed name of business):** \_\_\_\_\_

3. **Business Address:** \_\_\_\_\_

4. **Mailing address:**                      STREET                      CITY                      STATE                      ZIP

(IF DIFFERENT)                      STREET                      CITY                      STATE                      ZIP

5. **Business Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Other:** \_\_\_\_\_

6. **Contact person:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Email** \_\_\_\_\_

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

**Business / Property Information**

8. **Date opened (or projected):** \_\_\_\_\_

9. **Days / hours of operation:** \_\_\_\_\_

10. **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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. 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 12. 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

12. **Residency status** (list and attach proof of residency status for all individuals who are not US citizens): \_\_\_\_\_  
 \_\_\_\_\_

13. **Criminal Offenses:** List all criminal offenses other than minor traffic offenses of which you or any person listed above have been convicted or pending criminal charges (name, criminal offense, date of conviction – use additional sheets if 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 to or 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  
 \_\_\_\_\_ Title / Position  
 \_\_\_\_\_ Applicant/Owner of business  
 \_\_\_\_\_ Authorized Signature

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 Subscribed and sworn before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public Signature

Seal



# Special Use Permit Local Consent

(Check which type of permit is being obtained):

Religious wine     Industrial/Manufacturing     Scientific/Educational     Public service

**AUTHORITY:** Special Use Permit Act pursuant to the provisions of Section 32B-10, Utah Code for the purpose of purchase, storage and/or other lawful use of alcoholic products as authorized by the Utah Department of Alcoholic Beverage Control.

\_\_\_\_\_,  City  Town  County  
Local business license authority

hereby grants its consent to the issuance of a Special Use Permit (type must be noted above) to:

Business Name (DBA): \_\_\_\_\_

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

Location Address: \_\_\_\_\_

\_\_\_\_\_  
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.

# **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 10<sup>th</sup> 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