



2603 Santa Clara Drive, Santa Clara, Utah 84765
Phone: (435) 673-6712 or email www.santaclarautah.gov

APPLICATION FOR A SINGLE EVENT LIQUOR LICENSE

Date: _____

Applicant Name: _____

Business Name: _____

Date of Birth: _____

SSN: _____

Residence Address: _____
Street City State Zip

Applicant Phone: _____ Business Phone: _____ Email: _____

Name of Special Event: _____

Location of Event: _____
Street City State Zip

On the: _____ day(s) of: _____, _____
Dates Month Year

During the hours of: _____, pursuant to the provision of Utah Code 32B-9 for

the sale of **(Check all that apply):** Beer___ Heavy Beer___ Wine___ Flavored Malt Beverages___ Liquor___

REQUIREMENTS:

___ \$50 Non-Refundable Application Fee.

___ \$50 Single Event Permit Fee.

___ Copy of Applicant's Current City Business License.

___ Copy of Applicant Driver's License.

___ Character references from three (3) individuals who personally know the applicant (or if business entity, the agent for applicant), and whom the City may contact for an opinion on the moral character of the applicant and applicant's fitness to obtain a permit; and if the applicant has previously held a license in the state of Utah, the references shall have personal knowledge of the applicant's conduct in relation to said prior licensing or permitting.

___ Evidence of distance to the nearest school, church, public library, public playground or park.

___ Signed consent stating that permittee will permit any authorized representative of the city or any law enforcement officer the unrestricted right to enter event site.

___ Applicant must be over 21 years of age.

___ List any convictions for crimes which could disqualify applicant.

I certify under penalty of law that I have reviewed Chapter 5.08, Alcoholic Beverages, of city code and will comply with all requirements and possess all qualifications for issuance of a Single Event Liquor License and that all information contained in the application is true.

Applicant Signature

Sworn before me this ____ day of _____

Notary Public

Residing at:

My Commission Expires

Approval by City Council (if required): _____

Approval by City Manager or Designee: _____