



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

## APPLICATION FOR ON PREMISE ALCOHOLIC BEVERAGE LICENSE

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address (location of licensed premise): \_\_\_\_\_  
Street City State Zip

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street City State Zip

Provide a brief description of intended use: \_\_\_\_\_

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:

\_\_\_ \$100.00 Non-Refundable Application Fee.

\_\_\_ \$200.00 On Premise License Fee.

\_\_\_ Copy of Applicant's Current City Business License.

\_\_\_ Copy of Applicant Driver's License, valid passport issued by the United States, or valid identification issued by a branch of the United States Military.

\_\_\_ Applicant must be over 21 years of age.

\_\_\_ List any convictions for crimes which could disqualify applicant.

\_\_\_ Submit an exact duplicate of menu utilized.

\_\_\_ Submit a Floor Plan showing all seating and the arrangements.

\_\_\_ 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.

\_\_\_ Distance measured in feet from door or your location to each of the following community locations:

- Church
- School
- Library
- Park

\_\_\_ Map showing distance from your establishment to each of the following locations:

- Closest Church
- Closest School
- Closest Library
- Closest Park

\_\_\_ Signed consent stating that permittee will permit any authorized representative of the City or any law enforcement officer the unrestricted right to enter the licensed premises.

\_\_\_ Proof of Fictitious Name Registration (DBA) and copy of Articles of Corporation, limited liability, Foreign Corporation, Partnership, or General Partnership filed with the State of Utah Division of Corporations and Commercial Code. File the Fictitious Name at <https://corporations.utah.gov/> (801) 530-4849

\_\_\_ Sales Tax Number (If Applicable) contact the State Tax Commission at (435) 251-9520, located at 100 South 5300 West, Hurricane, Utah 84770.

\_\_\_ Submit a complete copy of the State DABS application with all attachments required by the State, which includes but not limited to, as the Code may be amended from time to time.

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 On Premise Alcoholic Beverage License and that all information contained in the application is true.

\_\_\_\_\_  
Signature of Applicant

Sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Residing at:

\_\_\_\_\_  
My Commission Expires

Approval by City Council (local consent): \_\_\_\_\_

If the applicant is a partnership, corporation, limited liability company, or other entity, the names and addresses of all partners, officers, directors, members, joint ventures, trustees, and shareholders must be stated and subscribed and sworn to as set out above by all partners or members. Applications by a corporation must be subscribed and sworn to as set out above by the president and secretary or trustees.

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 On Premise Alcoholic Beverage License and that all information contained in the application is true.

\_\_\_\_\_  
Signature of partner, member, or corporation president

Sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Residing at:

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Signature of partner, member, or corporation president

Sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Residing at:

\_\_\_\_\_  
My Commission Expires

Approval by City Council (local consent): \_\_\_\_\_