

**SALT LAKE CITY CORPORATION**  
451 South State Street, Room 225  
Salt Lake City, Utah 84111  
(801) 535-6644

License # \_\_\_\_\_

**BEER / LIQUOR REGISTRATION**

Business Name / DBA \_\_\_\_\_

Business Address \_\_\_\_\_

**Hereby applies for a:** (Please circle the appropriate use)

**Retail Beer License**

**BACKGROUND CHECK:**

**Restaurant Beer License**

**Local Manager**

**Business Owner/Officer**

**Bar Establishment / Tavern Beer License**

**Partner**

**President**

**Recreational Facility Beer License**

**Micro Brew / Pub License**

**Banquet / Catering License**

**Liquor Consumption License**

**PLEASE CONTACT THE DABC FOR GUIDELINES ON CHOOSING THE APPROPRIATE LICENSE TYPE.**

Corporation  LLC (Limited Liability Company)  Partnership  Sole Proprietor

List all local agents, partners, directors, officers, partners, 20% plus stockholders, operators, managers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who have complied with the statutory requirement and possess the qualifications specified in the Alcoholic Beverage Control Act of Utah and request license to be issued for the following particular premises at \_\_\_\_\_, in Salt Lake City, Utah, commencing on the date of the license and ending on the expiration date of license.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. SSN#: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ ID# or DL#: \_\_\_\_\_ State: \_\_\_\_\_

5. Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

6. Have you lived at current address for more than three (3) years? Yes  No

If no, list previous address(es) for the past three years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you ever used an alias or been known by another name, such as; previous married names, nickname, or stage name? Yes  or No  If yes, list all name(s) and reason(s) for use: \_\_\_\_\_

\_\_\_\_\_

8. Have you ever lived in another state? Yes  or No  If yes, list state(s) and year(s) you lived there:

\_\_\_\_\_

\_\_\_\_\_

9. Have you ever worked in a profession where a permit or license was required by a governmental agency? Yes  or No  If yes, list profession, agency requiring such license, and year license was obtained:

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever had a license or permit revoked, denied, or suspended? Yes  or No  If yes, list the jurisdiction, date, and reason: \_\_\_\_\_

\_\_\_\_\_

11. List name, complete address, and phone number of three (3) character references that are not relatives who can be contacted.

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you know all State and City laws governing the license for which you are applying? Yes  or No

13. Will you obey all of the laws governing the license for which you are applying? Yes  or No

14. a.) Have you entered a plea in abeyance or no contest plea (nolo contendere) to any crime (misdemeanor or felony) in the last ten (10) years? Yes  or No  If yes explain: \_\_\_\_\_

b.) Have you been convicted of any criminal charges (misdemeanor or felony) in the last ten (10) years? Yes  or No  If yes explain: \_\_\_\_\_

15. Have you been convicted of any beer violation, alcohol related driving offense, leaving the scene of an accident (hit and run) or reckless driving offense in the last six (6) years? Yes  or No  If yes explain: \_\_\_\_\_

16. Are there any charges (misdemeanor or felony) against you that are still pending? Yes  or No

17. If you answered yes to question #16, please list below: date, location, prosecuting agency and case number for each offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Attach any other pertinent information)**

**STATEMENT**

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING THIS APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY LICENSE(S).

I KNOW AND UNDERSTAND STATE LAW AND CITY ORDINANCES. I WILL OBEY ALL LAWS AS THEY PERTAIN TO MY BUSINESS LICENSE.

**DISCLOSURE OF INFORMATION**

By submitting this application and signing this form, I authorize Salt Lake City Corporation to conduct a background check and investigation as authorized by state law and local ordinance, and to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to receive the business license for which I have applied.

I hereby release Salt Lake City Corporation and its employees from any damages resulting from the legally authorized acquisition and permissible use of such information. I understand that disclosure of such information is subject to the limitations of the Government Records Access and Management Act, Chapter 2, Title 63, Utah Code Annotated or its successor (“GRAMA”). All records submitted by me or obtained by Salt Lake City Corporation as part of this application and background check are subject to disclosure unless such records are exempt from disclosure pursuant to GRAMA. The word “record” as used in this paragraph shall have the same meaning as Utah Code Ann. § 63G-2-103(22)(a)(i)-(ii) (2008), or its successor section.”

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE