



## Single Event Alcohol Permit Application Checklist

***It is the goal of the Salt Lake City Business License Office to handle requests for a Single Event Alcohol Permit in a timely manner. In order to do this we will work to help the applicant meet the requirements set by the Utah Department of Alcoholic Beverage Control (DABC).***

Applications received **45 Days** prior to the event will be reviewed and inspected in time to meet the DABC deadline of 30 days.

Applications received **less than 45 Days** prior to the event may not be completed in time for the DABC to grant the temporary permit.

Applications received 17 business days or less prior to the event **will not be considered.**

*All applications must be accompanied by a detailed and scaled floor plan on an 8 ½" by 11" sheet of paper. The floor plan should be very comprehensive with dimensions marked. All control measures should be included on the floor plan/map.*

***\*APPLICATIONS SUMMITTED OUTSIDE OF THESE GUIDELINES RISK NON-ISSUANCE OF A PERMIT.***

### **Required:**

- Completed Salt Lake City Application for Special Event, (in packet). \* A completed Application has all of the information requested and supporting documents attached. Incomplete Applications will not be accepted.**
- Fee Payment (check, credit card, cash accepted).**
- Background Check information form with witness signature (in packet). \*Must include valid copy of Government issued Identification.**
- Detailed and scaled floor plan on an 8 ½" X 11" sheet of paper. The floor plans should be very comprehensive with dimensions marked. All control measures should be included on the floor plan/map.**
- Blank Local Consent (in the DABC packet). Please write your email on the local consent sheet.**
- A signed consent form stating that Law Enforcement and Authorized City Representatives shall have the unrestricted right to enter and inspect the premises during the event to ensure compliance with State Law and City Ordinance (in packet).**
- Current certificate of existence from Utah Department of Commerce with date of organization when applicable.**

If you have any questions, please email: [business.license@slcgov.com](mailto:business.license@slcgov.com)

**SALT LAKE CITY CORPORATION APPLICATION FOR REGULATORY LICENSE**

451 South State Street #225 / PO Box 145458 • Salt Lake City, UT 84114-5458 Phone (801) 535-6644

-Please complete ALL information-

**ALL FEES ARE NON-REFUNDABLE**

**\*\*SPECIAL EVENT\*\***

**A. Name of Event** \_\_\_\_\_

Local address being applied for \_\_\_\_\_  
(Street Number) (Suite or Space #) (City) (State) (Zip)

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Business Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Number) (City) (State) (Zip)

Onsite Contact for Event: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**B. Ownership Type:**  Corporation  Partnership  Proprietorship  LLC

Name of Organization Applying for Event: \_\_\_\_\_

**C. Information on:**  Manager  Representative  Other \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street Number) (City) (State) (Zip)

**E. Give a detailed description of event:** \_\_\_\_\_

**Time Start/Finish:** \_\_\_\_\_ **Event Date/Dates:** \_\_\_\_\_

**Is your Event on Public or Private Property?**  Yes  No **How many will be attending the event?** \_\_\_\_\_

**Salt Lake City shall not be held responsible for delays in processing an incomplete application, or for property improvements and other business expenditures occurring before the license applicant receives final approval. Both Police and Fire Inspections must be passed before a Single Event Permit is issued. Please make sure all paperwork is properly filled out and \*Site Plan must be attached with application.**

I, \_\_\_\_\_ hereby agree to conduct said business strictly in accordance with all Salt Lake City codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I/we also agree that the signature on this application constitutes waiver of confidentiality as it pertains to a background investigation, if deemed necessary.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

City ID Number:

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

**License Type:** (Commercial) **Amount:**

Single Event \$253.00 \_\_\_\_\_ \$ \_\_\_\_\_

Liquor Consumption \$27.00 \_\_\_\_\_ \$ \_\_\_\_\_

Please make checks payable to: **Salt Lake City Corp.**

**Total Due: \$**

--THIS IS NOT A LICENSE--

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:

- Retail Beer License
- Restaurant Beer License
- Bar / Tavern Beer License
- Special Event License

List time(s), dates, location, nature, and purpose of the event:

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

ATTACH A SITE PLAN INCLUDING AREA FOR STORAGE, DISPENSING POINTS AND CONSUMPTION OF ALCOHOL.

- 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)

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

City Business License #  
LIC \_\_\_\_\_ - \_\_\_\_\_

APPLICATION BACKGROUND

ALCOHOL LICENSE

(  Local Manager     Business Owner     Business Officer )  
(  Partner     President )

- Dining Club             Micro Brew Pub
- Social Club             Recreational Facility
- Banquet Catering     Restaurant Beer
- Bar Tavern             Retail Beer
- Government Beer     Special Event
- Liquor Consumption

SEXUALLY ORIENTED BUSINESS

- New     Renewal     Transfer
- Agency Non-Performer     Outcall Agency Performer     Outcall Agency Owner
- Nude Agency Dancer     Semi-Nude Agency Dancer     Semi-Nude Manager
- Nude Agency Manager     Semi-Nude Agency Owner     Nude Agency Owner

OTHER

- Auction House                             Employee     Local Manager     Local Owner
- Auctioneer                                 President     Partner     Officer
- Auto-Towing/Wrecking
- Date/Marriage Service
- Dance Hall
- IceCream Vendor
- Locksmith
- Mobile Food Truck/Trailer
- Pedi-Cab
- Solicitor
- Pawn Broker
- Vending Cart
- S/H Computer/CD Exchange
- Other: \_\_\_\_\_

**BUSINESS INFORMATION**

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

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

**APPLICANT INFORMATION**

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

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

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

Special Event Licenses

Special Event Name: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time(s): \_\_\_\_\_

By signing below you are giving consent that any law enforcement officers or representatives of the City authorized by the Mayor shall have unrestricted right to enter the premises during the said above event.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# COVID-19 EVENT MANAGEMENT TEMPLATE

In accordance with the state of Utah [COVID-19 Transmission Index](#), formal organizations are required to complete the following event management template to assist in their efforts to plan and execute a safe event. This document must be kept and available for inspection by the local health officer or their designee

EVENT DETAILS			
<b>Event Name:</b>			
<b>Event Location:</b>			
	<i>Address</i>	<i>City</i>	<i>Zip</i>
<b>Party Responsible for Organizational Oversight:</b>			
	<i>Address</i>	<i>City</i>	<i>Zip</i>
	<i>Email Address</i>		<i>Phone</i>
<b>Event Date(s):</b>			
	<i>Start Date</i>	<i>End Date</i>	
<b>Anticipated Number of Attendees:</b>			
	<i>Per Day Total</i>	<i>Grand Total</i>	
<b>Event Type</b>	<input type="checkbox"/> <u>Static</u> : events where the attendees primarily enter, watch and depart <input type="checkbox"/> <u>Interactive</u> : events where attendees create a traffic flow and interact with each other <input type="checkbox"/> <u>Participant</u> : events where attendees primarily participate in an activity or production <input type="checkbox"/> <u>Community</u> : events with many activities and populations centers and likely a random traffic pattern		

## Employees, Volunteers, Players, Performers, Actors, Etc.

<b>Checklist:</b>	<input type="checkbox"/> Symptom checking symptoms checked (checklist or verbal), including temperature checks when feasible <input type="checkbox"/> Face coverings are worn in settings where other social distancing measures are difficult to maintain (exception for performers during performance) <input type="checkbox"/> Ensure that face coverings are available	<input type="checkbox"/> Provide accommodations to high-risk employees & volunteers; minimize face-to-face contact, assign tasks that allow these individuals to maintain a 6-foot distance from other employees or customers <input type="checkbox"/> Comply with distancing and hygiene guidelines
-------------------	--	---

---

**Keep a record of Attendees:**

*Please describe how you will record the name and contact information for each attendee, along with seating assignments or designated sitting/standing areas, to help identify and contact potential exposures*

---

---

**Social Distancing**

*A 6 foot distance is strongly recommended between household groups at all times including while seated, limiting the number of people in a confined area to enable adequate distancing at all times, and congregating at any point is strongly discouraged. Please describe your plan to maintain appropriate social distancing throughout the event.*

---

### **Attendees at Increased Risk for Severe Illness from COVID-19**

*Please describe your plan to accommodate higher-risk attendees, such as setting an established window of time for higher-risk groups to come in without pressure from crowds and/or separate entrances and queues.*

### **Signage**

*Post signage listing COVID-19 symptoms, asking attendees with symptoms to stay home, and encouraging physical distancing. Please describe your plan to maintain signage, including the number of anticipated signs and their locations.*

## **Payment Options**

*Encourage contactless payment; disinfect between transactions at facility stores/gift shops, and comply with other retail recommendations. Please describe your plan for payment if relevant.*

## **Hygiene & Sanitization**

*Please describe your plan to provide hygiene and regular sanitization throughout the event.*

## **Additional Safeguards**

*Please share any additional planned safeguards or measures being enacted at the event.*

## **Signature**

*Please provide the signature of the organizational representative that will be responsible for ensuring event oversight.*

---

*Printed Name*

---

*Title*

---

*Signature*

---

*Date*

## 5.51.027: SPECIAL EVENT ALCOHOL PERMITS:

A. Required: A city issued special event alcohol permit is required for all events which are required to obtain from the Utah alcoholic beverage control commission a single event permit or temporary special event beer permit under title 32A, Utah Code Annotated (2009) or its successor provisions, allowing alcohol to be stored, sold, served and consumed for short term events.

B. Application Requirements: In addition to the application requirements set forth in section 5.02.060 of this title, the following information is required:

1. The time, dates, and location of the event.
2. A description of the nature and purpose of the event.
3. A description of the control measures to be imposed by the DABC and where alcohol will be stored, served and sold.
4. A signed consent form stating that law enforcement and authorized city representatives shall have the unrestricted right to enter and inspect the premises during the event to ensure compliance with state law and city ordinance.

C. Operational Restrictions: The permittee is subject to all operational restrictions imposed by the DABC under its state permit. No alcohol may be served at any special event unless the city permittee also obtains the appropriate state permit.

D. Nontransferable: Special event alcohol permits are not transferable.

E. Time Limits: Special event alcohol permits are subject to the time limitations applicable to DABC single event permits and temporary special event beer permits.

F. Fees: Special event alcohol permits are subject to the fees that correspond to chapter 5.04 of this title and to an alcohol concession agreement fee. Such fees are set forth in the Salt Lake City consolidated fee schedule. (Ord. 41-14, 2014)

## 5.51.030: ANNUAL LICENSE FEES: