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

License # _____

CLUB REGISTRATION

Business Name / DBA: _____

Business Address: _____ Phone Number: _____

Business type (check one):

Corporation ☐ Limited Liability Company (LLC) ☐ Partnership ☐ Sole Proprietor ☐

☐ **Social Club**

☐ **Dining Club**

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

NAME & ADDRESSE OF MANAGER, OWNER, OR MEMBERS OF THE GOVERNING BODY - 3 REQUIRED:

1.) _____
Name of Manager Address Zip Phone Number

OWNER/MEMBERS OF THE GOVERNING BODY:

2.) _____
Name Address Zip Phone Number Position

3.) _____
Name Address Zip Phone Number Position

I hereby attest that the above information is true and correct. I understand that to falsify this application is grounds for denial or revocations of my license(s).

_____ _____
(Printed Name of Applicant) (Signature of Applicant)

_____
(Date)

An application must be submitted to the Utah State Department of Alcohol Beverage Control for a private club in addition to applying for a business license from Salt Lake City Corporation. NOTE: The Salt Lake City License Department must be notified within ten (10) days of any changes.