**Liquor Licensing Application Check List**

All appropriate fees and documents must accompany this application. The fee for a liquor license is $300.00, and is to be renewed annually by January 15th. Please allow 30 days for processing.

**DOCUMENTS REQUIRED AT TIME OF APPLICATION**

*(Please make all necessary copies and attach copies to application)*

1. □ Completed Midvale City Business License Application.

2. □ Site plan. This should show the vicinity of schools, churches and other public space in relation to business.

3. □ List of company policies on alcoholic beverage sales including written policies, procedures, training and other methods used to ensure compliance with local and state laws.

4. □ Background checks. This is for all owners, managers and/or corporate officers. Current background checks are required for all owners and/or corporate officers (must be dated within the last 60 days). You may obtain a background check at the Bureau of Criminal Identification located at 3888 W 5400 S Kearns, ph: 801-965-4446.

5. □ Proof of name/business registration issued by the Utah Department of Commerce. Businesses must register a business entity (D.B.A., trust, corporation, LLC etc.) with the Utah Department of Commerce. That agency is located at: Heber Wells Building 160 East 300 South, SLC., or online at OneStop: [https://secure.utah.gov/account/log-in.html](https://secure.utah.gov/account/log-in.html)

6. □ Copy of Articles of Incorporation. This is for LLC’s and Corporations, and can also be obtained with the Utah Department of Commerce or at OneStop when registering the business entity.

7. □ Proof of Federal Employer’s Tax I.D. Number. Every person who pays wages to one or more employees or who is required to file any federal reports must apply for a Federal Employer’s Tax I.D. Number. This can be done by filling out form SS-4 with the IRS at 50 S 500 East, Salt Lake City, 1-800-829-1040 or by going to the IRS website: [https://www.irs.ustreas.gov/formspubs/index.html](https://www.irs.ustreas.gov/formspubs/index.html). A Federal EIN can also be obtained when the business registers at the OneStop web site.

8. □ Proof of State Sales Tax number. Business involved with the sale of tangible product must provide evidence of a State Sales Tax number. A State Sales Tax number can be obtained when the business is registered at the OneStop web site; you may also obtain the State Sales Tax number from the State Tax Commission at 210 N 1950 W, SLC, 801-530-4849. If you are relocating your business from another licensing jurisdiction, please provide a TC-69C form or if opening a multiple location, then a TC-69B form available from the Tax Commission at [www.Utah.GOV](http://www.Utah.GOV)

9. □ Please provide the “Local Consent: form that you will need as part of your DBAC License with the State of Utah. If you have questions for the DABC you can call: 801-977-6800, or go to 1625 S 900 W, SLC.

**If you have any questions please contact our Business Licensing Department**
7505 S Holden Street, UT 84047 * 801-567-7214 * mvalencia@midvale.com

Last Updated July 2019
### BUSINESS LICENSE APPLICATION

**License Type:**
- [ ] Home
- [ ] Commercial
- [ ] Solicitors & Itinerant Merchants
- [ ] Booth Rental
- [ ] Alcohol
- [ ] Other

**Ownership:**
- [ ] Sole Proprietor
- [ ] Partnership
- [ ] LLC
- [ ] Corporation

**Hours of Operation:**
- [ ] Is Business Name Registered with the State: [ ] Yes [ ] No
- [ ] Is this a new type of Business at this Location: [ ] Yes [ ] No

**License Number:**
- [ ] New Application
- [ ] Change Owner/Location
- [ ] Other

**Notes:**

**Is Business Name Registered with the State:**
- [ ] Yes  [ ] No

**Federal Tax ID# / SS#**

**Utah Sales Tax #**

**Professional License # & Type (if Applicable)**

**EPA Hazardous Materials on Site:**
- [ ] Yes  [ ] No

**Business Name:**

**DBA Name:**

**Mailing Address (if different):**

**Business Phone:**

**E-Mail Address:**

**Description of Business Activities:**

**Emergency Contact:**

**Information of Owner, Partner, or Corporate Officers and a Local Manager**

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**Home Address**

**City/State/Zip**

**D.L. Number:**

**DOB:**

**ID Number:**

**Property Owner Information**

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**Base Fee**

**Bond**

**Variable Fee(s)**

**Total**

The foregoing information is correct to the best of my knowledge. I am aware that this application does not authorize conducting business until approved by Midvale City and a license has been issued. I also agree to conduct said business strictly in accordance with the laws and ordinances covering such business, and that no other type of business will be conducted other than what has been stated above. **It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse this responsibility.**

---

**Signature**

**Title**

**Date**
I/We hereby apply to the Midvale City Council for the following alcoholic beverage License:

- **Package Agency**
  - Annual Fee: $300.00

- **Restaurant Liquor (liquor, beer and wine for patrons of restaurant)**
  - Annual Fee: $300.00

- **Limited Restaurant (beer and wine for patrons of restaurant)**
  - Annual Fee: $300.00

- **On-Premise Beer Retailer (beer for patrons of restaurant)**
  - Annual Fee: $300.00

- **Off-Premise Beer Retailer (retail sale of beer for off-premise consumption)**
  - Annual Fee: $300.00

- **On-Premise Banquet**
  - Annual Fee: $300.00

- **Special Use Permit**
  - Annual Fee: $300.00

- **Single Event Permit**
  - Annual Fee: $25.00/day

- **On-Premise Beer Retailer (beer for patrons of restaurant)**
  - Annual Fee: $300.00

---

**Applicant Name:**

**Applicant Address:**

**Applicant Age:**

**Business Name:**

**Business Address:**
Type of business or organization

☐ Sole Proprietorship  ☐ "For Profit" Corporation
☐ Partnership  ☐ "Not for Profit" Corporation
☐ Association

Please Note: If the business/organization is a partnership, association, or corporation, a list of the names and addresses of all the registered agents, partners, association members, corporate officers and directors must be provided. See page 5 of application form.

Number of years business/organization has been operating: (1) in Utah _______; (2) in other state(s) __________________________ (indicate state).
Utah State Sales Tax Number: __________________________.
Does this business/organization have any other municipal, county, and/or state licenses or permits allowing the sale of alcohol?
☐ Yes  ☐ No
If "yes", which jurisdiction(s)? __________________________

Has this business/organization or any of its agents, partners, association members, corporate officers or directors ever:

• Forfeited a bond for an alleged violation of law or ordinance pertaining to alcoholic beverage sales?
  ☐ Yes  ☐ No

• Been charged in a criminal proceeding with having violated any law or ordinance pertaining to alcoholic beverage sales?
  ☐ Yes  ☐ No

• Had a license revoked or suspended or failed to obtain a renewal of a license by reason of any alleged violation of the law or ordinance pertaining to alcoholic beverage sales?
  ☐ Yes  ☐ No

If "yes" to any of the above, fully explain on an attached sheet.

Number of employees who will handle or sell alcoholic beverages:_______

Business organization's manager at proposed licensed premises: __________________________
Number of years employed by company as manager: _____________

**BONDING COMPANY**

Name of bonding Company:_________________________________________________________________

Address of bonding company:_________________________________________________________________

Is bonding company licensed to do business in Utah?

☐ Yes ☐ No

Bonding company's registered agent in Utah:_________________________________________________________________

Address:____________________________________________________________________________________

City/State/Zip:____________________________________________________________________________

Phone Number:______________________________________________________________________________
CERTIFICATION
PACKAGE AGENCY, RESTAURANT LIQUOR, LIMITED RESTAURANT,
ON-PREMISE BANQUET, SPECIAL USE PERMIT, SINGLE EVENT PERMIT,
ON-PREMISE BEER RETAILER, OFF-PREMISE BEER RETAILER
ALCOHOLIC BEVERAGE LICENSE

I/We certify that I/we have read the foregoing application and that the statements made herein are true. I/We recognize that any license to be issued hereunder is a mere revocable privilege and shall not confer any vested rights of any kind or nature upon me/us or my/our successors. The license applied for, if granted, shall be deemed to be personal and NON-TRANSFERRABLE to any other person or organization or to any other location without the express consent of Midvale City.

I/We believe that we possess the required moral character and other qualifications for an alcoholic beverage license or permit. Neither I/we nor any of my/our partners, if business organization is a partnership, or officers, if business organization is a corporation or association, have pleaded guilty or have been convicted of a felony or any violation of law or ordinance relating to alcoholic beverages, controlled substances, drunken driving, or of any offense involving moral turpitude other than as identified elsewhere in this application. I/We have read the Utah State Alcoholic Beverage Control Act and have complied with the requirements and possess the qualifications specified therein. I/We have read the Midvale City ordinances pertaining to the sale and use of alcoholic beverages and understand and agree to abide by their terms. I/We recognize that any violation(s) of said ordinances may jeopardize the license issued and that said violation(s) will justify the City Council's revocation of license issued and/or subject the bond I/we have filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission, or misrepresentation of a material fact in this application will result in revocation of the license issued.

Midvale City and its officials and employees may make inquiry concerning my/our qualifications to possess an alcoholic beverage license. This inquiry may include, but is not limited to, contact with law-enforcement and other agencies concerning previous convictions, if any, of the applicant. Said individuals and agencies may release to Midvale City and its officers and employees all information pertinent to the inquiry.

Signed:____________________________________  Signed:____________________________________
Printed Name________________________________  Printed Name________________________________
Title:_______________________________________  Title:_______________________________________
Date:_______________________________________  Date:_______________________________________

SUBSCRIBED AND SWORN to before me this _____ day of ________ 20 ___

________________________________________
Notary Public

My Commission Expires:________________________
Residing In:_______________________________
List
Registered Agents, Partners, Association Members, Corporate Officers/Directors

(Must be provided if business/organization is a partnership, association, or corporation. Attach additional sheets if needed)

Attach two original copies of background record checks for all owners, registered agents, partners, association members, and corporate officers/directors. One copy will remain with Midvale City, the other copy will be returned for submission to the Department of Alcoholic Beverage Control.

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BACKGROUND RECORD CHECK

Attach two original copies of a background record check for business owner/applicant (dated within the last 60 days). One copy will remain with Midvale City, the other copy will be returned for submission to the Department of Alcoholic Beverage Control. If the applicant is a partnership, association or corporation, see page 5 of application.

SITE PLAN

Attach a site plan showing the location of the premises, including vicinity of schools, churches and other public spaces.

COMPANY POLICIES

Attach copies of the written policies, procedures, training materials, training schedule, and other methods, which will be used to ensure compliance with the local and state laws relating to the marketing and sales of alcoholic beverages.

***ALIAS, A.K.A., PSEUDONYM, ETC***

Have any of the agents, partners, association members, corporate officers or directors of this business/organization ever used an alias, A.K.A., pseudonym, etc.? If so, please list.

____________________________________________________________________________________
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OFFICE USE ONLY

Community and Economic Development:

☑ Approved □ Denied

Completed by: ____________________________________________________________

Comments:____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Fire Department:

☑ Approved □ Denied

Completed by: ______________________________________________________________

Comments:____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

City Attorney:

☑ Approved □ Denied

Completed by: ______________________________________________________________

Comments:____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Police Department:

☑ Approved □ Denied

Completed by: ______________________________________________________________

Comments:____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

MAYOR

Presented to the Mayor for action on (date) ____________________________________________

Action taken: ☑ Approved □ Denied

License Number:__________________________________________________

Special Conditions:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signed: ___________________________________________________________ Date: __________________________

Robert M. Hale Mayor