



Utah Department of Alcoholic Beverage Services
 1625 South 900 West
 Salt Lake City, UT 84104

**PRINCIPAL LICENSE
 ADDITIONAL SUBLICENSE
 APPLICATION**

PRINCIPAL LICENSE Number:

Application Fee (non-refundable) \$300 + Additional Sublicense Fee \$2,250 = Total Sublicensing Fees \$ 2,550 Paid

Please submit a new application separately for each sublicense requested

PRINCIPAL LICENSEE INFORMATION

1. Ownership entity: _____ DBA: _____
2. Business phone: _____ Email: _____
3. Contact person: _____ Phone #: _____ Email: _____

- CHECKLIST:**
- Local consent form filled out from the city or county where the principal license is located
 - Business license submitted if required by the local jurisdiction for any added sublicense
 - Attach a floorplan for the sublicense being requested.

SUBLICENSE INFORMATION

Type of sublicense:

- DINING:** Full Restaurant Limited Beer Only DBA: _____
 Days / hours of operation: _____ Square footage: _____ # of Seating: _____
 Projected monthly gross sales of food: \$ _____ and Alcohol: \$ _____
- BAR:** DBA: _____
 Days / hours of operation: _____ Square footage: _____ # of Seating: _____
 Projected monthly gross sales of food: \$ _____ and Alcohol: \$ _____
- BEER RECREATIONAL:** DBA: _____
 Days / hours of operation: _____ Square footage: _____ # of Seating: _____
 Projected monthly gross sales of food: \$ _____ and Alcohol: \$ _____
- HOSPITALITY AMENITY:** DBA: _____
 Days / hours of operation: _____ Square footage: _____ # of Seating: _____
 Projected monthly gross sales of food: \$ _____ and Alcohol: \$ _____
- SPA:** DBA: _____
 Days / hours of operation: _____ Square footage: _____
 Projected monthly gross sales of food: \$ _____ and Alcohol: \$ _____
- TAVERN:** DBA: _____
 Days / hours of operation: _____ Square footage: _____ # of Seating: _____
 Projected monthly gross sales of food: \$ _____ and Alcohol: \$ _____

SUBLICENSE MANAGEMENT

List all managers or employees appointed to manage or direct operations of the sublicenses. A criminal history background check must be submitted for each person listed. See Instructions for a list of documents required. US Citizen – if "no", provide residency status. Use additional sheets if necessary.

Name	Complete home address (include city, state, zip code)	Position Associated with which SUBLICENSE	Date of Birth <small>Day / Month Year</small>	US Citizen Y/N

Residency status (list and attach proof of residency status for all individuals who are not US citizens):

Criminal offenses: List all criminal offenses other than minor traffic offenses of which you or any person listed who have been convicted or pending criminal charges (name, criminal offense, date of conviction – use additional sheets if necessary)
