



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

## DABS BAR APPLICATION CHECKLIST

Mailing Address:  
P.O. Box 30408  
Salt Lake City, UT 84130-0408  
☎: 801-977-6800 🌐: abc.utah.gov

A complete application must be submitted no later than the **10th of any month to be considered for that month's commission meeting**. However, applying early is highly recommended to allow for processing and investigation. Any application submitted after the 10<sup>th</sup> will be considered on the following month's commission agenda. Please note that applications will be accepted as **\*CONDITIONAL** without submitting the local business license(s), the bond, the ACORD certificate of insurance, menus, or manager training. However, all licensing requirements listed below must be completed before your DABS license will be released and operations may begin. Approval for licensing is also subject to a final inspection of the premises.

1. \_\_\_\_\_ Completed Application Form: ☐ Signed
2. \_\_\_\_\_ A **non-refundable** application fee: ☐ \$300 for all bar types
3. \_\_\_\_\_ Licensing fees \$2,750: ☐ Bar ☐ Fraternal ☐ Equity
4. \_\_\_\_\_ Local Consent Form (in the application packet) filled out and signed by the city where the business is located
5. \_\_\_\_\_ \*Copy of current local business licenses (all that apply): ☐ Business ☐ Liquor ☐ Beer
6. \_\_\_\_\_ \*Signed Surety Bond or Cash Bond:  
☐ \$10,000 for all Bar Types  
☐ Licensed entity listed as the Principal  
☐ Business name listed as 'Doing Business As' (DBA)
7. \_\_\_\_\_ \*Certificate of insurance for public liability and liquor liability 'dram shop' coverage (example attached)  
☐ Minimum liquor coverage of \$1,000,000 per occurrence/\$2,000,000 in the aggregate.  
☐ Address of licensed premises must appear on the certificate of insurance  
☐ Department of Alcoholic Beverage Services listed as the certificate holder
8. \_\_\_\_\_ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
9. \_\_\_\_\_ Criminal history background documents:  
☐ Electronic fingerprints or fingerprint card(s). Electronic fingerprinting (Live Scan) is available at DABS by appointment, at BCI, or other FBI electronic fingerprint provider locations. (See instructions).  
☐ Signed 'Informed Consent and Waiver' form  
☐ FBI Background fees (see background instructions) for all owners and persons employed to act in a supervisory/managerial capacity.
10. \_\_\_\_\_ Responsible Alcohol Service Plan (RASP) ☐
11. \_\_\_\_\_ \*Menus: ☐ Food menu with prices ☐ Alcoholic beverage menu with prices
12. \_\_\_\_\_ Ownership entity / organizational documents filed with Utah Department of Commerce  
☐ Individual / Sole Proprietor  
☐ If a Corporation, submit a copy of the Articles of Incorporation  
☐ If a Partnership, submit a copy of the written partnership agreement  
☐ If a Limited Liability Company, submit a copy of the Articles of Organization
13. \_\_\_\_\_ Exemption Certificate form TC-721
14. \_\_\_\_\_ Lease Agreement (signed) ☐ or Premises owned by the applicant ☐
15. \_\_\_\_\_ Projected profit and loss statement (template attached)
16. \_\_\_\_\_ \*Manager Training Scheduled \_\_\_\_\_ or completed ☐ \_\_\_\_\_



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1625 South 900 West  
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## BAR, EQUITY, FRATERNAL LICENSE APPLICATION

Licensing and Compliance Division

Application Number \_\_\_\_\_

Bar Establishment ☐

Fraternal ☐

Equity ☐

Application fee (non-refundable) \$300 + Initial license fee \$2,750 = Total \$3,050

### OWNERSHIP INFORMATION

1. Ownership Entity: \_\_\_\_\_  
Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company
2. DBA: (assumed name of business): \_\_\_\_\_
3. Business address: \_\_\_\_\_  
STREET CITY STATE ZIP
4. Mailing address: \_\_\_\_\_  
(IF DIFFERENT) STREET CITY STATE ZIP
5. Business Phone: \_\_\_\_\_ Other/office: \_\_\_\_\_
6. Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
7. Manager: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
8. Other alcoholic beverage licenses currently or previously held by applicant/entity/principals: \_\_\_\_\_

### BUSINESS / PROPERTY INFORMATION

9. Date opened for business (projected): \_\_\_\_\_ Days / hours of operation: \_\_\_\_\_
10. Monthly gross food sales (projected): \_\_\_\_\_ 10b. Monthly gross alcohol sales (projected): \_\_\_\_\_
11. Square footage: \_\_\_\_\_ Seating/dining capacity: \_\_\_\_\_ # of Parking stalls: \_\_\_\_\_
12. Will the club have sexually-oriented adult entertainment: ☐ No ☐ Yes \*If Yes, provide local licensing ☐ DABS stage approval:
13. Federal, state, withholding, and workforce service tax compliance:  
☐ By checking this box, I acknowledge that I am legally obligated to comply with the applicable federal and state laws pertaining to payment of taxes and contributions to unemployment and insurance funds.
14. Owner of real property & building (lease holder)  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City, State, zip: \_\_\_\_\_
15. Proximity: List any private or public schools, churches, public libraries, public playgrounds, parks, or educational facilities (does not include nursery schools, infant daycare centers, or trade / technical schools) located within 600 feet pedestrian travel or 200 feet straight line.  
\_\_\_\_\_

## 16. Ownership / Management

List all individuals, partners, managers, officers, directors, or members. Percentage owned must = 100%. Also list employees appointed to manage or direct operations of the business. Anyone owning at least 20% of an entity and all employees/managers must submit fingerprints for a background check. All individuals listed MUST be at least 21 years or older. If not a U.S. Citizen, provide residency status in section 17. Use additional sheets if necessary. For complex corporate structures, please include an organizational chart showing ownership interests of all parent companies until all individual person percentages are disclosed.

Name	Complete home address (include city, state, zip code)	Position Held	Date of Birth Month / Day Year	Percent Owned	US Citizen Y/N

17. Residency status (list and attach proof of residency status for all individuals in section 16 who are not US citizens): \_\_\_\_\_

18. Criminal Offenses: (List all criminal offenses other than minor traffic offenses of which you or any person listed in section 16 have been convicted or pending criminal charges (name, criminal offense, date of conviction – use additional sheets if necessary) \_\_\_\_\_

19. Are you an industry member; or do you own or have interest in a brewery, winery or distillery? No ☐ Yes ☐ if Yes explain: \_\_\_\_\_

## ATTESTATION:

### Read and initial each statement below:

- \_\_\_\_\_ Applicant agrees as a condition of licensing that he/she has read and will abide by the provisions of Title 32B, Utah Code, and all rules of the commission and directives of the Department of Alcoholic Beverage Services; Applicant understands that the alcohol license may be suspended or revoked, including forfeiture of the bond, if the applicant fails to adhere to applicable laws and rules, or if the applicant no longer possesses the statutory qualifications for licensure.
- \_\_\_\_\_ The applicant(s) attest(s) that they have not been convicted of any of the offenses listed below and stipulate(s) that if any disqualifying conviction is discovered, the license, permit, or package agency will immediately be surrendered.
1. Within seven years before the day on which the commission issues the package agency, license, or permit, a felony under a federal or state law.
  2. Within four years before the day on which the commission issues the package agency, license, or permit, a violation of a federal or state law, or local ordinance concerning the sale, offer for sale, warehousing, manufacture, distribution, transportation, or adulteration of an alcoholic product, or a crime involving moral turpitude
  3. On two or more occasions within the five years before the day on which the package agency, license, or permit is issued, driving under the influence of alcohol, drugs, or the combined influence of alcohol and drugs.
- \_\_\_\_\_ Applicant agrees to immediately notify the department of any change in ownership entity and understands that failure to do so may result in immediate suspension of the license
- \_\_\_\_\_ Applicant agrees to immediately notify the department of any change in ownership entity and understands that failure to do so may result in immediate suspension of the license
- \_\_\_\_\_ The undersigned verifies that the premises will not be used for permitting gambling, illegal drugs, or any other violation of law or ordinance.
- \_\_\_\_\_ The undersigned hereby authorizes the department's access to federal, state, and local sales, payroll, income, and real and personal property tax information.
- \_\_\_\_\_ The undersigned verifies that the applicant complies with all federal and state laws pertaining to payment of taxes and contributions to unemployment and insurance funds.
- \_\_\_\_\_ The undersigned applicant does not and will not discriminate against persons on the basis of race, color, sex, religion, ancestry, or national origin.
- \_\_\_\_\_ The undersigned hereby voluntarily consents that representatives of the Alcoholic Beverage Services Department, Commission, State Bureau of Investigation (Bureau of Alcoholic Beverage Law Enforcement), and any other law enforcement agencies shall be admitted immediately and permitted without hindrance or delay to inspect the entire premises and all records of the licensee.
- \_\_\_\_\_ The undersigned acknowledges that he/she has read and understands the statements herein and that the execution thereof is one voluntarily and by authorization of the applicant entity; and that **any false statement made on this application or any other related document is a second-degree felony. It may also result in suspension or revocation of the license.**
- \_\_\_\_\_ The undersigned hereby makes application to the Utah Alcoholic Beverage Services Commission and certifies that the information contained herein and attached hereto is true and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant / Owner of the business

\_\_\_\_\_

Title / Position

\_\_\_\_\_

Authorized Signature

## DO YOU HAVE A VIOLATION HISTORY

### 32B-5-203 Commission and department duties before issuing a retail license.

*... Before issuing a retail license, the commission shall consider operational factors such as considering the person's ability to manage and operate a retail license and consider any other factor the commission considers necessary.*

The commission and department are required, before issuing a retail license, to conduct an investigation as to whether a retail license should be issued. The commission has determined that one of those factors that will affect their decision to grant a license is whether or not an applicant has had a violation history. Commission policy states:

- Any applicant who has had a violation history will NOT be considered for a new license for THREE MONTHS after the final commission order for any serious or grave violations.
- All applicants with a violation of serious or grave in the last four months to a year will be required to appear before the commission to address whether a new license should be granted.
- The commission will consider the number of violations and all mitigating and aggravating factors in determining when, if at all, to grant a license.
- For the purpose of this policy, violation history applies to all licenses where there is common ownership of 20% or more.
- DABS staff has been instructed to inform applicants with a pending violation or a violation history in the last three months to apply *after* the prescribed periods.

Please check with DABS to determine if or when a violation was adjudicated

Any Violations ☐ No ☐ Yes

*If Yes, fill in the information below:*

Violation \_\_\_\_\_ ☐ Serious ☐ Grave Date Adjudicated \_\_\_\_\_

Violation \_\_\_\_\_ ☐ Serious ☐ Grave Date Adjudicated \_\_\_\_\_

Violation \_\_\_\_\_ ☐ Serious ☐ Grave Date Adjudicated \_\_\_\_\_

Violation \_\_\_\_\_ ☐ Serious ☐ Grave Date Adjudicated \_\_\_\_\_

Date the application may be considered by the Commission \_\_\_\_\_

# BAR / FRATERNAL / EQUITY LIQUOR LICENSE

## Local Consent

**PURPOSE:** Local business licensing authority provides written consent to the Alcoholic Beverages Services Commission (1) to issue an on-premise alcohol license for a person to store, sell, offer for sale, furnish, or allow the consumption of an alcoholic product on the premises of the applicant.

**AUTHORITY:** Utah Code 32B-1-202; 32B-5-201, 203, 205 and 206

\_\_\_\_\_, ☐ City ☐ Town ☐ County  
Local business license authority

hereby grants its consent to the issuance of a (choose one): ☐ Bar ☐ Fraternal ☐ Equity liquor license to:

Business Name (DBA): \_\_\_\_\_

Entity Name (or owner's name if sole proprietor): \_\_\_\_\_

Location Address: \_\_\_\_\_

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

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

This is a suggested format. A locally produced city, town, or county form is also acceptable.  
The local consent must be submitted to the DABS by the applicant as part of a complete application.

# **UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES**

1625 S 900 W • PO Box 30408 • Salt Lake City, UT 84130-0408 • Phone (801) 977-6800 • Fax (801) 977-6889

## **BAR / FRATERNAL / EQUITY BOND**

**BOND #** \_\_\_\_\_

### **KNOW ALL PERSONS BY THESE PRESENTS:**

That **Principal**, \_\_\_\_\_ a Bar/Fraternal/Equity liquor licensee, doing business as \_\_\_\_\_, and **Surety**, \_\_\_\_\_, a corporation organized and existing under the laws of the state of \_\_\_\_\_ and authorized to do business in Utah, are held and bound unto the Utah Department of Alcoholic BEVERAGE SERVICES in the sum of **\$10,000**, for which payment will be made, we hereby bind ourselves and our representatives, assigns, and successors firmly by these presents.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### **THE CONDITION OF THIS OBLIGATION IS SUCH THAT:**

WHEREAS, the above principal has made application to the Utah Alcoholic BEVERAGE SERVICES Commission for a bar / fraternal / equity liquor license pursuant to the provisions of 32B-5-204 and 32B-6-405, Utah Code.

NOW, THEREFORE, if said principal, its officers, agents and employees shall faithfully comply with the provisions of Title 32B, Utah Code, and the rules and directives of the Utah Alcoholic BEVERAGE SERVICES Commission and the Utah Department of Alcoholic BEVERAGE SERVICES, then this bond shall be void; but, if said principal, its officers, agents and employees fail to comply with the provisions of the laws, rules and directives or orders as the commission or department may issue, then this bond shall be in full force and effect and payable to the Utah Department of Alcoholic BEVERAGE SERVICES. This bond shall run for a continuing term effective \_\_\_\_\_ unless canceled by service of written notice upon the Utah Department of Alcoholic BEVERAGE SERVICES, which cancellation shall be effective 30 days after receipt of such notice; provided however, that no part of this bond shall be withdrawn or canceled while violations, legal actions or proceedings are pending against said licensee / principal.

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Principal / Licensee

\_\_\_\_\_  
Attorney in fact

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

\_\_\_\_\_  
Name / Title

*{ Corporate Seal }*

## STATUTORY AFFIDAVIT FOR CORPORATE SURETY

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, \_\_\_\_\_, who, being by me duly sworn, did say that he / she is the attorney in fact of \_\_\_\_\_, Surety, and that said instrument was signed in behalf of said surety by authority, and acknowledged to me that he / she as such attorney in fact executed the same.

\_\_\_\_\_  
Notary Public Signature & Seal

Note: Corporate surety's own certificate/affidavit also acceptable





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Month/Date/Year

<b>PRODUCER</b>  Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Your Business entity (LLC, Corp, Partnership or individual) Your DBA - business name Address City, State Zip	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$100,000	
		MED EXP (Any one person)				\$N/A	
		PERSONAL & ADV INJURY				\$1,000,000	
		GENERAL AGGREGATE				\$2,000,000	
		PRODUCTS - COMP/OP AGG				\$1,000,000	
						\$	
						\$	
	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
		PROPERTY DAMAGE (Per accident)				\$	
						\$	
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
		OTHER THAN EA ACC				\$	
		AUTO ONLY: AGG				\$	
	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$
		AGGREGATE				\$	
						\$	
						\$	
						\$	
	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT					
		E.L. DISEASE - EA EMPLOYEE					
		E.L. DISEASE - POLICY LIMIT					
	<input checked="" type="checkbox"/>	<b>Liquor Liability</b>	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE AGGREGATE	\$1,000,000 \$2,000,000

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Business located at:

## CERTIFICATE HOLDER

Department of Alcoholic Beverage Services  
1625 S 900 W  
Salt Lake City, UT 84104  
  
Facsimile Number: (801) 977-6889

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

# **Criminal History Background Check Procedures**

## **DABS Licensees / Applicant / Owner / Manager**

**AUTHORITY:** Utah Code 32B-1 Part 3

Criminal history background checks are required for all owners and persons employed to act in a supervisory or managerial capacity for a package agency, licensee, or permittee.

*If the owner is a partnership, corporation, or limited liability company*, a criminal history background check is required for all partners, managing agents, managers, officers, directors, or any stockholder who holds at least 20% of the total issued and outstanding stock of the corporation, or a member who owns at least 20% of the limited liability company.

Each individual who falls under the description above shall consent to a criminal history background check and shall deliver the following documents and fees to the Department of Alcoholic Beverage Services.

New DABS license applicants must submit fingerprints either prior to submitting their application or with their application, so please plan ahead for fingerprinting services so you can meet your deadline before the 10th of the month.

Background checks for each applicable person must include:

- Fingerprints - either through a live scan service or a completed FBI fingerprint card
- A signed *Informed Consent & Waiver* form for each individual fingerprinted
- \$33.25 submitted to DABS for each individual fingerprinted

**Live scan fingerprinting:** Contact any live scan provider to see if they serve the general public. **Note:** if you use a live scan provider other than DABS, you must supply them with the attached **live scan authorization form**. They may or may not charge a fee for fingerprint services, but the \$33.25 background fee must be paid to DABS regardless of another provider's service fees.

Live scan fingerprint providers (there may be others you can use):

1. **DABS - by appointment only**
  - please call (801) 977-6800 to schedule an appointment
  - No charge for the fingerprint service, but you must pay the \$33.25 background check fee.
  - Address: 1625 S. 900 W., Salt Lake City, Utah 84104
2. **The Bureau of Criminal Identification (BCI)**
  - Address: 3888 W. 5400 S., Taylorsville, Utah 84129
  - Phone: (801) 965-4445
3. **Yup Fingerprinting-**
  - Multiple locations (Salt Lake City, Lehi, Logan, and St. George)
  - See their website for specific contact information: <https://www.yupfingerprinting.com/>

## DABS LICENSEE & MANAGER BACKGROUND CHECK INFORMED CONSENT AND WAIVER

\_\_\_\_\_  
Print - Name of Applicant (First, Middle, Last)

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Phone Number of the Applicant

(The above information to be verified by valid identification document(s) prior to background check request per Section 1028 of Title 18, United States Code)

### APPLICANT NOTIFICATION AND PURPOSE:

In accordance with Utah Code 32B-1-303-307, your fingerprints will be used to **continuously check** the criminal history records of local and national (FBI) background check databases to determine whether an applicable individual has been:

- Convicted of a felony under federal or state law;
- Convicted of a violation of federal law, state law, or local ordinance concerning the sale, manufacture, distribution, warehousing, or transportation of an alcoholic beverage;
- Convicted of a crime involving moral turpitude;
- Convicted on two or more occasions within the previous five years, driving under the influence of alcohol, a drug, or the combined influence of alcohol and a drug.

### RECORD CHALLENGE:

If it is determined that a criminal history record contains a disqualifying offense, the applicable person must be notified of the reason for disqualification and given an opportunity to respond to the disqualification. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification records are set forth in Title 28, CFR, 16.34. Procedures for challenging the State of Utah records if Utah has records that the FBI does not (UCA 53-10-108) can be found on the BCI website at <https://bci.utah.gov/wp-content/uploads/sites/15/2018/01/Challenge-Application-12-5-2017.pdf>

### WAIVER: (initial each attestation below)

\_\_\_\_\_ I hereby authorize the Department of Alcoholic Beverage Services (DABS) to investigate my criminal history records and acknowledge that a background check will be conducted and maintained by the State Bureau of Criminal Identification and my fingerprints continuously checked against local and national (FBI) background check databases for so long as I maintain an employment or regulatory relationship with the DABS.

\_\_\_\_\_ My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. DABS will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview. I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.

\_\_\_\_\_ I have read the attached Privacy Statement and understand my rights according to this statement.

\_\_\_\_\_ I agree by signing below to notify the DABS if I cease this relationship and wish my fingerprints to be removed from the notification system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FBI Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect the completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the routine uses for the NGI system and the FBI's blanket routine uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

# Utah Department of Alcohol Beverage Services

## LIVE SCAN AUTHORIZATION FORM

### Billable to DABS

Agency Billing Code: B1664 (DABS – WIN/FBI)

Type of Background Check Required: WIN/FBI Check: NFUF

Use this form if NOT doing fingerprinting services at DABS. Any qualified 'Live Scan' provider that can provide the services may do so using the DABS billing code. They may or may not charge a fee for their services. Call Ahead!

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant DOB: \_\_\_\_\_ Applicant SSN: \_\_\_\_\_

DABS Authorization Signature: \_\_\_\_\_ Angela Micklos

### NOTE: THIS FORM STAYS WITH THE 'LIVE SCAN' PROVIDER

Regardless of any additional fees paid to the 'Live Scan' provider for their fingerprinting services, in accordance with Utah Code 32B-1-303-307, **fees of \$33.25 must be submitted to DABS** for all owners and persons employed to act in a supervisory or managerial capacity for a package agency, licensee or permittee. If the owner is a partnership, corporation, or limited liability company, a criminal history background check is required for all partners, managing agents, managers, officers, directors, or any stockholder who holds at least 20% of the total issued and outstanding stock of the corporation, or a member who owns at least 20% of the limited liability company

## How to Write Your

# **RESPONSIBLE ALCOHOL SERVICE PLAN – (RASP)**

A “Responsible Alcohol Service Plan” (RASP) must be submitted as a requirement of DABS licensing and renewal.

## **What is a RASP?**

A Rasp is a written set of policies and procedures that outlines measures to prevent employees from:

- a. Over-serving alcoholic beverages to customers.
- b. Serving alcoholic beverages to customers who are actually, apparently, or obviously intoxicated, and
- c. Serving alcoholic beverages to minors.

Every business is different, such as more or fewer employees, size of the business, amount of alcohol sales, restaurants versus bars or bowling centers, etc. So each RASP should reflect the best possible way for your business to succeed in “Responsible Alcohol Service”. Take each point separately and decide:

1. How will our business prevent overservice of alcohol?”
  2. How will we prevent not serving someone who is already intoxicated?
  3. How will we prevent our servers from ever serving anyone under the age of 21?
- Put some time and thought into your RASP.
  - Make certain that your employees are aware of your particular RASP procedures, be trained on them, and follow them.
  - A copy of your RASP will be kept on file with DABS.
  - You can write a new RASP plan as circumstances change or new information is added.
  - These plans will be required annually, and compliance officers will check to make sure they are being implemented at your business.
  - Send any new plans to DABS as well as re-train your employees.

	Utah State Tax Commission • 210 N 1950 W • Salt Lake City, UT 84137		<b>TC-721</b> Rev. 7/15	
	<b>Exemption Certificate</b> (Sales, Use, Tourism and Motor Vehicle Rental Tax)			
Name of business or institution claiming exemption (purchaser)			Telephone number	
Street address		City	State	ZIP Code
Authorized signature		Name (please print)	Title	
<b>Name of Seller or Supplier:</b> <b>Department of Alcoholic Beverage Services</b>			Date	

The signer of this certificate **MUST** check the box showing the basis for which the exemption is being claimed.

**DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION**  
**Keep it with your records in case of an audit.**

☐ **RESALE OR RE-LEASE**  
**Sales Tax License No.** \_\_\_\_\_

I certify I am a dealer in tangible personal property or services that are for resale or re-lease. If I use or consume any tangible personal property or services I purchase tax free for resale, or if my sales are of food, beverages, dairy products and similar confections dispensed from vending machines (see Rule R865-19S-74), I will report and pay sales tax directly to the Tax Commission on my next sales and use tax return.

☐ **COMMERCIAL AIRLINES**  
**Sales Tax License No.** \_\_\_\_\_

I certify the food and beverages purchased are by a commercial airline for in-flight consumption; or, any parts or equipment purchased are for use in aircraft operated by common carriers in interstate or foreign commerce.

☐ **RELIGIOUS OR CHARITABLE INSTITUTION**  
**Sales Tax License No.** \_\_\_\_\_

I certify the tangible personal property or services purchased will be used or consumed for essential religious or charitable purposes. **This exemption can only be used on purchases totaling \$1,000 or more, unless the sale is pursuant to a contract between the seller and purchaser.**

\_\_\_\_\_

**NOTE TO SELLER:** Keep this certificate on file since it must be available for audit review. Questions? Email [taxmaster@utah.gov](mailto:taxmaster@utah.gov), or call 801-297-2200 or 1-800-662-4335.

If you need an accommodation under the Americans with Disabilities Act, email [taxada@utah.gov](mailto:taxada@utah.gov), or call 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.

**DO NOT SEND THIS CERTIFICATE TO THE TAX COMMISSION**

## PRO FORMA INCOME STATEMENT

Annual Estimated Income and Expenses

**Business Name:** \_\_\_\_\_

### REVENUE:

Food \$ \_\_\_\_\_

Alcohol (spirits, wine, beer and heavy beer) \$ \_\_\_\_\_

Other Revenue \$ \_\_\_\_\_

**Total Sales Revenue:** \$ \_\_\_\_\_

Total Percentage of Food Sales: % \_\_\_\_\_

### COSTS OF GOODS SOLD:

Food \$ \_\_\_\_\_

Alcohol (spirits, wine, beer and heavy beer) \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Costs of Goods Sold:** \$ \_\_\_\_\_

**GROSS PROFIT:** \$ \_\_\_\_\_

### EXPENSES:

#### Variable Costs

➤ Salaries & wages \$ \_\_\_\_\_

➤ Employee Benefits \$ \_\_\_\_\_

#### Other Operating Expenses

➤ Janitorial \$ \_\_\_\_\_

➤ Advertising \$ \_\_\_\_\_

➤ Entertainment \$ \_\_\_\_\_

➤ Utilities \$ \_\_\_\_\_

➤ Telephone \$ \_\_\_\_\_

**Total Variable Expenses:** \$ \_\_\_\_\_

#### Fixed costs:

➤ Mortgage/Rent \$ \_\_\_\_\_

➤ Insurance \$ \_\_\_\_\_

➤ Interest \$ \_\_\_\_\_

➤ Depreciation \$ \_\_\_\_\_

**Total Fixed Expenses:** \$ \_\_\_\_\_

**TOTAL OPERATING EXPENSES:** \$ \_\_\_\_\_

Net Profit (or loss) before taxes \$ \_\_\_\_\_

➤ Taxes \$ \_\_\_\_\_

**NET PROFIT (OR LOSS) AFTER TAXES** \$ \_\_\_\_\_



## REQUIRED MANAGER TRAINING CLASSES

EVERY MANAGER working in a DABS on-premise licensed business or at an off-premise (OP) beer retailer, must complete a manager training class.

An on-premise "retail manager" means an individual who:

- Manages operations, or
- Supervises the furnishing of an alcoholic product at a premises that is licensed under 32B Alcoholic Beverage Control Act

An on-premise manager includes owners, assistant managers, supervisors, team leads, etc. if they meet the definition above. These managers shall complete their training within:

- 30 days post-hire, or
- The date the licensee obtains the retail license

All off-premise beer managers shall complete their training within:

- 30 days post-hire, or
- 30 days after licensee obtains their OP license



Conditional applicants may not receive or begin operations until they have the managers trained. Training classes will be conducted by the DABS in person or classes can be taken online. The cost is \$25 per manager. Visit our website for training days and times at: <https://abs.utah.gov/licenses-permits/training/>

**NOTE!**  . . . **ANY NEW MANAGER** being added to your license must complete the manager training program. If they are an on-premise retail license manager, they also must have their background check completed within 30 days of hire as a manager.