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

**PRINCIPAL LICENSE**  
**ADDITIONAL SUBLICENSE APPLICATION**  

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

*Please submit a new application separately for each sublicense requested*

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**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.

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**SUBLICENSE INFORMATION**

**Type of sublicense:**

- **DINING:**  
  - 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: $ ______________________________

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Effective Date June 2022
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete home address (include city, state, zip code)</th>
<th>Position Associated with which SUBLICENSE</th>
<th>Date of Birth Day / Month Year</th>
<th>US Citizen Y/N</th>
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**Residency status** (list and attach proof of residency status for all individuals who are not US citizens):

_______________________________________________________________________________________
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**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)

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Effective Date June 2022