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 10th 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). 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. _____ Fees: ☐ $300 application fee
3. _____ Local Consent form signed by the city where your new business is located. Go to the DABS Website & download the correct form for your license type @ DABS.utah.gov > licenses and permits > forms
4. _____ *Copy of the NEW LOCATION local business licenses (check all that apply): ☐ Business ☐ Liquor ☐ Beer
   (Applications may be considered “conditional” without submitting a business license)
5. _____ Updated ACORD Certificate of Insurance for public liability and liquor liability ‘dram shop’ coverage with new address
   ☐ Minimum liquor coverage of $1,000,000 per occurrence/$2,000,000 in the aggregate. Liquor warehouse only needs proof of public liability.
   ☐ Address of licensed premises must appear on the certificate of insurance
   ☐ Department of Alcoholic Beverage Services listed as certificate holder
6. _____ Scaled floor plan (8 1/2” x 11”) of premises highlighting areas for storage, sale & consumption of alcohol.
   (Any later revisions to the floor plan must first be submitted to and approved by DABS).
7. _____ Menus (only if changing or applicable): ☐ Food menu ☐ Alcoholic beverage menu with prices
8. _____ ☐ Lease Agreement (signed) or ☐ I attest that the premises is owned by the applicant
9. _____ New Premises inspected by DABS

Effective Date June 2022
Change of location fee: $300

LICENSEE INFORMATION

1. Business name: _______________________________ DABS license number: _______________________________

2. Current licensed address: ________________________________
   STREET NUMBER  STREET NAME  CITY  ZIP

3. Contact person: _______________________________ Business Phone: _______________________________
   Mobile Number: _______________________________ Email: _______________________________

NEW BUSINESS / PROPERTY INFORMATION

4. New location address: ________________________________
   STREET NUMBER  STREET NAME  CITY  ZIP

5. Mailing address: ________________________________
   STREET NUMBER  STREET NAME  CITY  ZIP

6. Projected open date: ________________________________ Projected Days / hours of operation: ________________________________

7. Square footage: ________________________________ Seating/dining capacity: ________________________________ # of Parking stalls: ________________________________

8. Owner of real property & building (leaseholder)
   Name: ________________________________ Address: ________________________________
   Phone: ________________________________ City,State,zip ________________________________

9. Proximity measurements to community locations are required for all retail licensees, except for off-premise beer. List any private or public schools, churches, public libraries, public playgrounds, parks, or educational facilities located within 600 feet of normal pedestrian travel (300 feet for restaurants) and 200 feet straight-line measurement from the nearest entrance of the applicant’s business to the property boundary of the community location. ________________________________

The undersigned hereby makes application to the Utah Alcoholic Beverage Services Commission for the relocation of a retail alcohol license and certifies that the information contained herein and attached hereto is true and correct and agrees not to sell, offer for sale, furnish, or allow the consumption of an alcoholic product at the proposed location before obtaining Commission approval.

Date ________________________________ Title / Position ________________________________

Applicant/Owner of business ________________________________ Authorized Signature ________________________________