



**Utah Department of  
Alcoholic Beverage  
Services**

1625 South 900 West  
Salt Lake City, UT 84104

**CHANGE OF LOCATION  
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)**. 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](http://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



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## CHANGE OF LOCATION APPLICATION

**LICENSE NUMBER** \_\_\_\_\_

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