



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

Special Use Permit EDUCATIONAL Application Checklist

Mailing Address:
P.O. Box 30408
Salt Lake City, UT 84130-0408
☎: 801-977-6800 📧: abs.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 10th will be considered on the following month's commission agenda. All licensing requirements listed below must be completed before your DABS license will be issued. Approval for licensing is also subject to a final inspection of the premises.

1. _____ Completed Application Form: Signed
2. _____ Initial fee: \$125
3. _____ Supplemental questionnaire
4. _____ 'Local Consent Form' from the city where the business is located
5. _____ Certificate of insurance for public liability and liquor liability 'dram shop' coverage
✓ (Required for educational permits only)
 - 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 certificate holder
6. _____ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
7. _____ Criminal history background documents:
 - Electronic Fingerprints or Fingerprint card(s). Electronic fingerprinting (Live Scan) is available at DABC by appointment, at BCI, or a number of other FBI electronic fingerprint provider locations. (See instructions).
 - Signed 'Informed Consent and Waiver form
 - FBI Background fees: \$33.25 for all owners and persons employed to act in a supervisory/managerial capacity. (see background instructions)
8. _____ Responsible Alcohol Service Plan (RASP) (Required for Educational Licenses only)
9. _____ Ownership entity / organizational documents filed with the 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
10. _____ Exemption Certificate form TC-721
11. _____ Lease Agreement (signed) *or* Premises owned by the applicant
12. _____ Proximity to a community location? ✓ (Applies to educational permits only - see the questionnaire for details)
 - No
 - Yes ✓ (if yes, include a letter of approval from the community location)



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Alcoholic Beverage Services**
1625 South 900 West
Salt Lake City, UT

**EDUCATIONAL
SPECIAL USE PERMIT
APPLICATION**

Licensing and Compliance Division

permit Number _____

\$125 Application Fee

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: _____ Email: _____ Other: _____

6. Contact person: _____ Phone# _____ Email _____

7. Other alcoholic beverage licenses currently or previously held by applicant/entity/principals:

Business / Property Information

8. Date opened (or projected): _____

9. Days / hours of operation: _____

10. Are you an industry member; or do you own or have interest in a brewery, winery or distillery?
 Yes No if Yes explain (use additional sheets as necessary): _____

11. 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.

12. 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 employee/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 12. 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	% Owned	US Citizen Y/N

13. Residency status - list and attach proof of residency status for all individuals listed above who are not US citizens): _____

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

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

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_____ 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

SPECIAL USE PERMIT QUESTIONNAIRE

Educational

Educational Use:

The working definition of an Educational Use pursuit is:

A program of instruction whose primary purpose is imparting knowledge related to the history, cultural significance, agriculture, manufacture, flavor profiles and/or effects of alcohol.

The commission will consider the following in determining if the use of an Educational permit is for a genuine educational pursuit:

- a) Curriculum of study
- b) Background and experience of the educator(s)
- c) Whether the permittee is registered as a school and
- d) Whether the educational component is an integral part of the program of study

Does your current use fit within this definition? Yes No

If your answer is "no" you will not qualify for an educational permit. Talk with a DABS compliance specialist for more information.

1. General restrictions:

- Once a permit is approved by the Commission, all stated operational procedures from this questionnaire must be followed. Any deviation from this must first be approved by the commission.
- Advertising –The permittee must comply with statutes and rules regarding advertising. See R82-1-104 at abc.utah.gov.
- Server training –Employees involved in the education, demonstration, and service of alcohol must complete the 'On-Premise' alcohol server education training through the Division of Substance Abuse and Mental Health.
- All alcoholic products sold, served, or provided under the permit cannot be stored on a licensed premise of a retail establishment unless all operational restrictions of that license type are followed.
- All consumable alcohol must be purchased from the department.
- Permit holders must maintain a quarterly report of activities held under the permit on a form and manner as required by the department. This report is considered a record under 32B-1/102(86). Records shall be kept current and available to the department for auditing purposes. Records must be maintained for at least three years.

2. Please answer the following questions concerning the proposed use of this permit:

a) What is the purpose of your business:

b) What is your proposed use of and consumption of alcohol under your permit:

c) What types of alcohol products will be used under this permit:

3. **Minors may not be on the premises during alcohol education or during consumption** (unless the restriction has been waived by the commission).

Please check the box to agree to this requirement:

I agree that there will be NO minors on the premises during alcohol education or during consumption on the premises:

If you would like the Commission to waive this restriction, you will have to provide substantial need as to why this request is necessary to your educational pursuit. Please describe:

4. **Hours of operation** – Please provide your proposed days and hours of operation under this permit:

5. **Cost of the Class** _____

6. Portion Amounts:

Educational permits may not be used in lieu of a retail license and the permittee must demonstrate that any consumption is solely for educational purposes.

Per person limits per class for consumption must be limited to the following:

- One 5 ounce glass of Wine
- One 2.5 ounces of Spirits
- One 16 ounce Beer or heavy beer

Per person limits *may be served in multiple containers*. Indicate the portion amounts you intend to provide to students:

7. Additional documents required:

- a. **Insurance** – If the applicant intends to allow consumption on the premises, please provide an ACORD certificate of insurance for both general and liquor liability of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate.

8. Other factors that may be considered by the Commission:

- a. **Community Locations** - A community location is a school, church, playground, library, or public park as defined by 32B-1-202. The Commission may consider any proximity to a community location, as well as technical schools, pre-schools, daycare centers, or nursery schools used as an educational facility used primarily by minors.
- b. Is your business located within general proximity (600 feet or less) to a community location or educational facility (as described above)?

Yes No - If Yes, list the community location and address:

Special Use Permit Local Consent

Check which type of permit is being obtained:

Religious wine Industrial/Manufacturing Scientific/Educational Public service

AUTHORITY: Special Use Permit Act pursuant to the provisions of Section 32B-10, Utah Code for the purpose of purchase, storage and/or other lawful use of alcoholic products as authorized by the Utah Department of Alcoholic Beverage Services.

_____, City Town County
Local business license authority

hereby grants its consent to the issuance of a Special Use Permit (type must be noted above) 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.**



CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED 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"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <u>Liquor Liability</u> <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"/>	AUTOMOBILE LIABILITY <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"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	<input type="checkbox"/>	OTHER					

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

Business located at:

CERTIFICATE HOLDER Department of Alcohol 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
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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.

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.



Utah State Tax Commission • 210 N 1950 W • Salt Lake City, UT 84137

Exemption Certificate
(Sales, Use, Tourism and Motor Vehicle Rental Tax)

TC-721
Rev. 7/15

Name of business or institution claiming exemption (purchaser)		Telephone number	
Street address	City	State	ZIP Code
Authorized signature	Name (please print)	Title	
Name of Seller or Supplier:	Department of Alcoholic Beverage Control	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, 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, 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