



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

## LIQUOR TRANSPORT 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 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), or the bond. However, all licensing requirements listed below must be completed before your DABS license will be released and operations may begin.

1. \_\_\_\_\_ Completed Application Form:  Signed
2. \_\_\_\_\_ A **non-refundable** application fee:  \$300
3. \_\_\_\_\_ Licensing fees:  \$2,300
4. \_\_\_\_\_ Copy of current LOCAL business license
5. \_\_\_\_\_ Signed Surety Bond *or* Cash Bond:
  - \$10,000
  - 'Licensed entity' listed as the Principal
  - Business name listed as 'Doing Business As' (DBA)
6. \_\_\_\_\_ 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.
  - Signed "Informed Consent and Waiver" form.
  - FBI Background fees: \$33.25 for all owners and persons employed to act in a supervisory or managerial capacity.
7. \_\_\_\_\_ 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
8. \_\_\_\_\_ Proof that the licensee holds a Commercial Auto Liability policy



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## LIQUOR TRANSPORT LICENSE APPLICATION

Licensing and Compliance Division

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

\$300.00 Application fee +  \$2,300 initial licensing fee =  \$2,600.00 Total licensing 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. Contact Person: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

6. Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

7. Email: \_\_\_\_\_ Other Contact: \_\_\_\_\_

8. List other alcoholic beverage licenses currently or previously held by applicant /entity / or principals:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Ownership / Management

9. 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 9. 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	% Own	US Citizen Y/N

10. Residency status (list and attach proof of residency status for all individuals in section 8 who are not US citizens):

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

12. 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.

## 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

**LIQUOR TRANSPORT EQUITY BOND**

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

**KNOW ALL PERSONS BY THESE PRESENTS:**

That Principal, \_\_\_\_\_ a Liquor Transport 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 Liquor Transport License pursuant to the provisions of 32B-17-206, 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 affidavit also acceptable*



# CERTIFICATE OF LIABILITY INSURANCE

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

<b>PRODUCER</b>  Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce 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 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"/>	<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 OCCURENCE	\$
						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 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"/>	<b>OTHER</b>					

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

Business located at:

<b>CERTIFICATE HOLDER</b>  Department of Alcohol Beverage Services 1625 S 900 W Salt Lake City, UT 84104  Facsimile Number: (801) 977-6889	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL <u>30</u> 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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# **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