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), the bond, or the ACORD certificate of insurance. 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. ___ A non-refundable application fee: □ $125

3. ___ “Local Consent” form signed from the city where the business is located (form enclosed)

4. ___ Copy of current local business license (Except type 3 package agencies, which are NOT required to submit a business license)

5. ___ Signed Surety Bond or Cash Bond:
   - Type 1, 4, and 5 package agencies must submit a $1,000 bond (form attached)
   - Type 2 & 3 package agencies with consignments must submit a bond in the amount of the consignment
   - Type 2 & 3 package agencies without consignments must carry a bond in the amount of the average monthly sales or $1,000, whichever is greater
   - “Licensed Entity” must be entered as the principal on the bond form
   - The business name must be entered in the ‘Doing Business As’ on the bond form (DBA)

6. ___ Certificate of insurance for public liability coverage (template attached)
   - Minimum 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 Control listed as certificate holder

7. ___ Scaled floor plan (8 1/2” x 11”) of premises highlighting areas for storage, sale & consumption of alcohol

8. ___ Criminal history background documents:
   - Electronic Fingerprint or Fingerprint card(s). Electronic fingerprinting (Live Scan) is available at DABS by appointment, at BCI, or at 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)

9. ___ Responsible Alcohol Service Plan (RASP)

10. ___ 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

11. ___ Exemption Certificate form TC-721

12. ___ Lease Agreement (signed) □ or Premises owned by the applicant □
1. Please indicate the type(s) of package agency you are applying for:

- Type 1: Located in a hotel, ski lodge, summer recreational area, or other resort environment to serve the general public and guests.
- Type 2: In conjunction with another business where the primary source of income to the operator is not from the sale of liquor (e.g. small grocery stores in rural communities).
- Type 3: Not in conjunction with another business, but is for the main purpose of selling liquor.
- Type 4: Located in a facility for the purpose of selling and delivering liquor to tenants or occupants of specific rooms, which have been leased, rented, or licensed within the same facility, and is not open to the general public (e.g. hotel room service or private suites at sports arenas).
- Type 5: Located within a winery, brewery, or distillery licensed by the commission.

### Ownership Information

2. Ownership Entity: ____________________________

   Entity Type:  
   - Individual
   - Partnership
   - Corporation
   - Limited Liability Company

3. DBA (assumed name of business): ____________________________

4. Package Agency Address: ____________________________

   STREET: _______________________________________
   CITY: ________________________________________
   STATE: ______________________________________
   ZIP: _________________________________________

5. Mailing address: ____________________________

   (IF DIFFERENT) STREET: _______________________________________
   CITY: ________________________________________
   STATE: ______________________________________
   ZIP: _________________________________________

6. Name/Title of agent: ____________________________

   Email: _______________________________________

7. Agency Phone: ____________________________

   Mobile: ____________________________

   Other: ____________________________

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

   _______________________________________

### Business / Property Information

9. Type of business this package agency is associated with: ____________________________

10. Date opened for business (projected): ____________________________

    Days / hours of operation: ____________________________

11. Square footage of retail space (including storage): ____________________________

    Number of Parking stalls: ____________________________

12. Number of guest rooms if hotel: ____________________________

    Occupancy rate: ____________________________

13. 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.
14. Owner of real property & building (lease holder)

Name: _______________________________________     Address: _____________________________________________

Phone: ____________________________________ City, State, zip: _____________________________________________

15. Proximity: List any private or public schools, churches, public libraries, public playgrounds, or parks located within 600 feet pedestrian travel or 200 feet straight line.

________________________________________________________________________________________

16. 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 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 17. Use additional sheets if necessary. For complex corporate structures, please include an organizational chart showing ownership interests of all parent companies until all person percentages are disclosed.

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<tr>
<th>Name</th>
<th>Complete home address (include city, state, zip code)</th>
<th>POSITION HELD</th>
<th>Date of Birth Month / Day Year</th>
<th>Percent Owned</th>
<th>US Citizen Y/N</th>
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</table>

17. Residency status (list and attach proof of residency status for all individuals in section 17 who are not US citizens):

________________________________________________________________________________________

________________________________________________________________________________________

18. Criminal Offenses: List all criminal offenses other than minor traffic offenses of which you or any person listed in section 16 have been convicted or pending criminal charges (name, criminal offense, date of conviction – use additional sheets if necessary):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

19. Are you an industry member; or do you own or have interest in a brewery, winery, or distillery?

Yes ___  No ___ if Yes explain below (use additional sheets as necessary) ______________________________________ ________
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.

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
DO YOU HAVE A VIOLATION HISTORY

32B-5-203 Commission and department duties before issuing a retail license.

... Before issuing a retail license, the commission shall consider operational factors such as considering the person’s ability to manage and operate a retail license and consider any other factor the commission considers necessary.

The commission and department are required, before issuing a retail license, to conduct an investigation as to whether a retail license should be issued. The commission has determined that one of those factors that will affect their decision to grant a license is whether or not an applicant has had a violation history. Commission policy states:

- Any applicant who has had a violation history will NOT be considered for a new license for THREE MONTHS after the final commission order for any serious or grave violations.

- All applicants with a violation of serious or grave in the last four months to a year will be required to appear before the commission to address whether a new license should be granted.

- The commission will consider the number of violations and all mitigating and aggravating factors in determining when, if at all, to grant a license.

- For the purpose of this policy, violation history applies to all licenses where there is common ownership of 20% or more.

- DABS staff has been instructed to inform applicants with a pending violation or a violation history in the last three months to apply after the prescribed periods.

Please check with DABS to determine if or when a violation was adjudicated

Any Violations ☐ No ☐ Yes If Yes, fill in the information below:

Violation ____________________________ ☐ Serious ☐ Grave Date Adjudicated__________________

Violation ____________________________ ☐ Serious ☐ Grave Date Adjudicated__________________

Violation ____________________________ ☐ Serious ☐ Grave Date Adjudicated__________________

Violation ____________________________ ☐ Serious ☐ Grave Date Adjudicated__________________

Date the application may be considered by the Commission_____________________________________

Effective Date June 2022
**DABS PACKAGE AGENCY PERMIT**

**Local Consent**

**PURPOSE:** Local business licensing authority provides written consent to the Alcoholic Beverage Services Commission to issue a PACKAGE AGENCY PERMIT for the purpose of storage and sale of liquor, wine, and heavy beer in unopened containers for off-premise consumption.

**AUTHORITY:** Utah Code 32B-2-601 Commission’s power to issue package agency

---

Local business license authority

☑ City ☐ Town ☐ County

Hereby grants its consent to the issuance of a Package Agency:

- ☐ Type 1 – located in a hotel, ski lodge, summer recreational area, or another resort environment to serve the general public and guests.
- ☐ Type 2 - In conjunction with another business where the primary source of income to the operator is not from the sale of liquor (e.g. small grocery stores in rural communities).
- ☐ Type 3 – Not in conjunction with another business, but is for the sole purpose of selling liquor.
- ☐ Type 4 – Located in a facility for the purpose of selling and delivering liquor to tenants or occupants of specific rooms which have been leased, rented, or licensed within the same facility and is not open to the general public (e.g. hotel room service or private suites at sports arenas).
- ☐ Type 5 - Located within a winery, brewery, or distillery licensed by the commission.

Business Name (DBA): ________________________________________________________________

Entity Name (or owner’s name if sole proprietor): __________________________________________

Location Address:

__________________________________  ____________________________________  __________
City                                      Street                                State                                   ZIP

__________________________________  ________________________  __________
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.
UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES

PACKAGE AGENCY LIQUOR BOND

BOND # ________________________________

KNOW ALL PERSONS BY THESE PRESENTS:

That Principal, __________________________________________, a liquor package agency, doing business as ___________________________ and surety, __________________________________________, corporation organized and existing under the laws of the state of ___________________________ and authorized to do business in Utah, are held and bound unto the Department of Alcoholic Beverage Services in the sum of $1,000, 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 package agency pursuant to the provisions of 32B-2, 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 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 department or commission may issue, then this bond shall be in full force and effect and payable to the Department of Alcoholic Beverage Services. This bond shall run for a continuing term effective ___________________________ unless canceled by service of written notice upon the 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 agency/principal.

______________________________            ________________________________
Surety        Principal

______________________________            ________________________________
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.
UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES
PACKAGE AGENCY CONSIGNMENT LIQUOR INVENTORY BOND

BOND # ____________________________________

KNOW ALL PERSONS BY THESE PRESENTS:

That Principal, ___________________________________________________________ a liquor package agency, doing business as ___________________________________________________________ and surety, ___________________________________________________________ corporation organized and existing under the laws of the state of ____________________________________ and authorized to do business in Utah, are held and bound unto the Department of Alcoholic Beverage Services in the sum of $ _______________ [consignment inventory amount], 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 package agency pursuant to the provisions of 32B-2, 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 Department of Alcoholic Beverage Services, and shall account and pay for all liquors which shall be delivered to any of them by the Department, or return said unsold liquors to the Department in salable condition, 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 department or commission may issue, then this bond shall be in full force and effect and payable to the Department of Alcoholic Beverage Services. This bond shall run for a continuing term effective__________________________________ unless canceled by service of written notice upon the 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 agency/principal.

______________________________________                ______________________________________
Surety                                                                                                Principal

______________________________________
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

PRODUCER
Insurance Agent/Broker Name
Insurance Agent/Broker Street Address or P.O. Box
Insurance Agent/Broker City, State & Zip Code
Contact & Phone Number

INSURED
Your Business entity (LLC, Corp, Partnership or individual)
Your DBA - business name
Address
City, State Zip

INSURERS AFFORDING COVERAGE

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<tr>
<th>NAIC #</th>
<th>INSRER A: Name of Insurance Company</th>
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COVERAGE

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.

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<th>TYPE OF INSURANCE</th>
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<td>DAMAGE TO RENTED PREMISES</td>
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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
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**

<table>
<thead>
<tr>
<th>Print - Name of Applicant (First, Middle, Last)</th>
<th>Date of Birth (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer</td>
<td>Employer Address</td>
</tr>
<tr>
<td>Job Title</td>
<td>Phone Number of the Applicant</td>
</tr>
</tbody>
</table>

(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](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 __________________________

Effective Date June 2022
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.

Effective Date June 2022
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.

Effective Date June 2022
## Exemption Certificate
(Sales, Use, Tourism and Motor Vehicle Rental Tax)

The signer of this certificate MUST check the box showing the basis for which the exemption is being claimed.

### 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.

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**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.

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