



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

**SPECIAL USE PERMIT
PUBLIC SERVICE
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. _____ Application fee \$75.00 + \$250 Public Service Permit Fee = \$325 Total

3. _____ Local consent form signed by the city where the business is located

4. _____ Certificate of insurance for public liability and liquor liability 'dram shop' coverage (for hospitality rooms 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 Control listed as certificate holder

5. _____ Signed Surety Bond or Cash Bond (Applies to Industrial/Manufacturing or Public Service permits only):
 - \$1,000 Bond
 - 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 at 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/managerial capacity. (see background instructions)

7. _____ Exemption Certificate form TC-721

8. _____ 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

9. _____ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
 - Terminal map showing location address and gate location
 - Floor plan of any other business location



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

**SPECIAL USE
PUBLIC SERVICE PERMIT
APPLICATION**

Licensing and Compliance Division

permit Number _____

\$75.00 Application fee + \$250.00 Permit Fee = \$325.00

Ownership Information

1. Ownership Entity: _____
Entity Type: Individual Partnership Corporation Limited Liability Company

2. DBA: (*assumed name of business*) _____

3. Location Address (if at the SLC International Airport, list the location in the terminal)

TERMINAL LOCATION	STREET	CITY	STATE	ZIP
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4. Mailing address:

(IF DIFFERENT)	STREET	CITY	STATE	ZIP
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5. Business Phone: _____ Fax: _____ Other/office: _____

6. Contact person: _____ Phone number: _____ Email: _____

7. Manager: _____ Phone number: _____ Email: _____

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

Business / Property Information

9. Does applicant propose to utilize a "hospitality room" where liquor will be sold or served to persons while in transit? YES NO

(If yes, attach a floorplan showing its location and highlighting the sale, consumption, and storage areas and the proximity of the room to the departure area used by the carrier.

10. List the total of regularly numbered flights, trains, buses, boats, or other types of public conveyances for which the application is made:

11. List any other storage locations for alcoholic products or offices: _____

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 the payment of taxes and contributions to unemployment and insurance funds.

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

Name: _____ Address: _____

Phone: _____ City, State, zip _____

14. Proximity: (If Applicable) list any private or public schools, churches, public libraries, public playgrounds, parks, or educational facilities located within 600 feet pedestrian travel or 200 feet straight line.

15. 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 16. 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	Percent Owned	US Citizen Y/N

16. Residency status: List and attach proof of residency status for all individuals in section 15 who are not US citizens):

17. 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)

18. Are you an industry member; or do you own or have interest in a brewery, winery or distillery? YES NO

If Yes explain: _____

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
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 Control.

_____, 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 DABC by the applicant as part of a complete application.

UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES

1625 S 900 W • PO Box 30408 • Salt Lake City, UT 84130-0408 • Phone (801) 977-6800 • Fax (801) 977-6889

**“PUBLIC SERVICE BOND”
(SPECIAL USE)**

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS:

That **Principal**, _____ a public service permittee, 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 **\$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 _____, _____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS the above principal has made application to the Utah Alcoholic Beverage Services Commission for a public service permit pursuant to the provisions of 32B-10, 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 the 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 permittee/principal.

Surety

Principal/Licensee

Attorney in fact

Authorized signature

{Corporate Seal}

Name/Title

STATUTORY AFFIDAVIT FOR CORPORATE SURETY

STATE OF: _____

COUNTY OF: _____

On the _____ day of _____, _____, 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 on 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

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	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
	<input type="checkbox"/>	OTHER					

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

Business located at:

CERTIFICATE HOLDER Department of Alcoholic Beverage Control 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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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



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 Services		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