



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

## Special Use Permit RELIGIOUS 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. All licensing requirements listed below must be completed before your DABS license will be issued. Approval for licensing is also subject to a final inspection of the premises.

1. \_\_\_\_\_ Completed Application Form:  Signed
2. \_\_\_\_\_ Initial fee:  \$125
4. \_\_\_\_\_ Criminal history background documents:
  - Electronic Fingerprints or Fingerprint card(s). Electronic fingerprinting (Live Scan) is available at DABS by appointment, at BCI, or a number of other FBI electronic fingerprint provider locations. (See instructions).
  - Signed 'Informed Consent and Waiver form
  - FBI Background fees: \$37.00 for all owners and persons employed to act in a supervisory/managerial capacity. (see background instructions)
5. \_\_\_\_\_ Exemption Certificate form TC-721
6. \_\_\_\_\_ 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
7. \_\_\_\_\_ Certificate of insurance for public liability and liquor liability 'dram shop' coverage
  - ✓ (Required for educational permits only)
  - Minimum liquor coverage of \$1,000,000 per occurrence/\$2,000,000 in the aggregate.
  - Address of licensed premises must appear on the certificate of insurance
  - Department of Alcoholic Beverage Services listed as certificate holder
8. \_\_\_\_\_ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol



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## RELIGIOUS SPECIAL USE PERMIT APPLICATION

Licensing and Compliance Division

permit Number \_\_\_\_\_

\$125 Application Fee

### Ownership Information

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

2. Church or Religious Organization: \_\_\_\_\_

3. Business Address: \_\_\_\_\_  
STREET CITY STATE ZIP

4. Mailing address: \_\_\_\_\_  
(IF DIFFERENT) STREET CITY STATE ZIP

5. Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

6. Contact person: \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_

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

### Business / Property Information

8. Date opened (or projected): \_\_\_\_\_

9. Days / hours of operation: \_\_\_\_\_

10. Religious or charitable institution sales tax exemption Number: \_\_\_\_\_

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

## 12. Ownership / Management

List all individuals, partners, managers, officers, directors, or members. Percentage owned must = 100%. Also, list employees appointed to manage or direct operations of the business. Anyone owning at least 20% of an entity and all 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 12. Use additional sheets if necessary. For complex corporate structures, please include an organizational chart showing ownership interests of all parent companies until all individual person percentages are disclosed.

| Name | Complete home address<br>(include city, state, zip code) | Position Held | Date of Birth<br>Month / Day<br>Year | % Owned | US Citizen<br>Y/N |
|------|--|---------------|--------------------------------------|---------|-------------------|
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |
|      |  |               |                                      |         |                   |

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

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

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## 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 Services.

\_\_\_\_\_,  City     Town     County  
Local business license authority

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

Business Name (DBA): \_\_\_\_\_

Entity Name (or owner's name if sole proprietor): \_\_\_\_\_

Location Address: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

**This is a suggested format. A locally produced city, town, or county form is also acceptable.  
The local consent must be submitted to the DABS by the applicant as part of a complete application.**

# **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            |          |
| <b>Name of Seller or Supplier:</b>                             | <b>Department of Alcoholic Beverage Control</b> |                  | 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](mailto: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](mailto: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**