

Public Service Permit CHANGE OF LOCATION REQUEST CHECKLIST

Mailing Address:

P.O. Box 30408 Salt Lake City, UT 84130-0408

2: 801-977-6800 **1**: abs.utah.gov

A change of location requires Commission approval unless delegated to the Department. For Commission approval, the items below must be complete and submitted no later than the *10th of the month*, or sooner so that your request can be processed in time for DABS Commission review that month. All permitting requirements must be fully satisfied in order to complete your request. *Final approval for permitting is subject to inspection of premises. INCOMPLETE REQUESTS WILL BE RETURNED.

1	Completed Request Form: Signed & Notarized		
2	Local Consent form signed by the city where your new business is located if required by the city		
3	Copy of NEW LOCATION local business licenses (all that apply): Business Liquor Beer		
4	Updated ACORD Certificate of Insurance for public liability and liquor liability 'dram shop' coverage with new address		
	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		
5			
	* (Revisions to the floor plan must be submitted to and approved by DABS).		
6	Evidence showing the proximity of the hospitality room to the arrival and departure area of the public service conveyance		
7	Lease Agreement (signed) <u>or</u> Premises owned by the applicant		

Effective Date June 2022



Public Service Permit CHANGE OF LOCATION REQUEST

Licensing and Compliance Division			
permit Number			

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	PERMIT & PERMITEE INFORMATION					
1.	Business name:	DA	ABS license number:			
2.	Current licensed address:	R STREET NAME	CITY	ZIP		
3.	Contact person:	Business Phone:				
	Mobile Number:	Email:				
	BUSINESS / PROPERTY INFORMATION					
4.	New location address:	STREET NAME	CITY	ZIP		
	If the new location is inside the Salt Lak	ce City International Airport, please provide tern	ninal location:			
5.	Attach a floorplan for the new hospi (DABS must approve the new floor pla	tality room or facility 5b. Evidence n)	ce of proximity to the arrival and (DABS must approve the new location			
6.	Mailing address (if different)		СПҮ	ZIP		
7.	Projected open date:	Projected days / hours of opera	ation:			
8.	Owner of real property & building (lease	holder)				
	Name:	Address:				
	Phone:	City,State,Zip				

ATTESTATION:				
Read and ini	tial each statement below:			
rul	olicant agrees as a condition of licensing that he/she has read and will abide by the provisions of Title 32B, Utah Code, and all es of the commission and directives of the Department of Alcoholic Beverage Services; Applicant understands that the alcoholense may be suspended or revoked, including forfeiture of the bond, if the applicant fails to adhere to applicable laws and rules, if the applicant no longer possesses the statutory qualifications for licensure.			
	e applicant(s) attest(s) that they have not been convicted of any of the offenses listed below and stipulate(s) that if any equalifying 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			
	olicant agrees to immediately notify the department of any change in ownership entity and understands that failure to do so by result in immediate suspension of the license			
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	e undersigned verifies that the premises will not be used for permitting gambling, illegal drugs, or any other violation of law or dinance.			
	e undersigned hereby authorizes the department's access to federal, state, and local sales, payroll, income, and real and resonal property tax information.			
	e undersigned verifies that the applicant complies with all federal and state laws pertaining to payment of taxes and intributions to unemployment and insurance funds.			
	e undersigned applicant does not and will not discriminate against persons on the basis of race, color, sex, religion, cestry, or national origin.			
St	e undersigned hereby voluntarily consents that representatives of the Alcoholic Beverage Services Department, Commission, ate Bureau of Investigation (Bureau of Alcoholic Beverage Law Enforcement), and any other law enforcement agencies shall be mitted immediately and permitted without hindrance or delay to inspect the entire premises and all records of the licensee.			
on	e undersigned acknowledges that he/she has read and understands the statements herein and that the execution thereof is e voluntarily and by authorization of the applicant entity; and that any false statement made on this application or any other ated document is a second-degree felony. It may also result in suspension or revocation of the license.			
	e undersigned hereby makes application to the Utah Alcoholic Beverage Services Commission and certifies that the information ntained herein and attached hereto is true and correct.			
 Na	te Annlicant / Owner of the husiness			

Effective Date June 2022

Authorized Signature

Title / Position

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.						
Local business license authority	, City Town County					
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.						

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