



**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 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. _____ 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: \$33.25 for all owners and persons employed to act in a supervisory/managerial capacity. (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 (include city, state, zip code)	Position Held	Date of Birth Month / Day Year	% Owned	US Citizen Y/N

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

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):

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.**



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 Control		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