



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

## Special Use Permit SCIENTIFIC Application Checklist

**Mailing Address:**  
P.O. Box 30408  
Salt Lake City, UT 84130-0408  
☎: 801-977-6800 📧: abs.utah

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
3. \_\_\_\_\_ Supplemental questionnaire
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. (see background instructions)
5. \_\_\_\_\_ Ownership entity / organizational documents filed with the 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
6. \_\_\_\_\_ 'Local Consent Form' from the city where the business is located
7. \_\_\_\_\_ Scaled floor plan (8 1/2" x 11") of premises highlighting areas for storage, sale & consumption of alcohol
8. \_\_\_\_\_  Lease Agreement (signed) or  Premises owned by the applicant



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## SCIENTIFIC 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. DBA: (assumed name of business): \_\_\_\_\_

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. 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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 11. 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 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

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

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13. 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.**