



# Application for Beer/Alcohol License

2549 Washington Blvd. Suite 240

Ogden, UT 84401

Phone: 801-629-8959

☐ Business License # \_\_\_\_\_ ☐ State Sales Tax # \_\_\_\_\_ ☐ Drivers lic # \_\_\_\_\_

☐ New Business ☐ New Owner ☐ New Location ☐ New DBA Name ☐ New Manager  
☐ Corporation ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Partnership  
☐ Individual/ Sole Proprietorship ☐ Other \_\_\_\_\_

Print Name of applicant: \_\_\_\_\_

(Legal Name of individual or entity to who the license is intended to be issued.)

Business name or DBA, if different from the name of the applicant above: \_\_\_\_\_

Business Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Contact # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

If applicant is an individual: date of birth \_\_\_\_\_

Number of employees in this business \_\_\_\_\_ Opening date of business \_\_\_\_\_

☐ Beer Only ☐ Beer & Wine ☐ Beer & Liquor ☐ Beer, Wine & Liquor

Description of business \_\_\_\_\_

Corporate agent for the business \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of property owner, if different than applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**This is an application for a business license; the actual license will be issued only when ALL inspections are received and approved. All information must be accurately completed or the issuance of the license will be delayed. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations.**

I, we \_\_\_\_\_ hereby apply for a Class \_\_\_\_\_ beer/alcohol license to vend beer/alcohol at the above premise in Ogden City.

1. The applicant's name in full. If the applicant is a partnership, the applicant shall state the name and address of all copartners and if a corporation, the names and addresses of its principal officers and directors and the name of the manager of the premises to be licensed

Name Residential Address City/ST Zip % Interest in Business DOB

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

2a. Is the applicant, and each of the persons name in paragraph 1 hereof, a person over the age of 21 years? Yes ☐ No ☐ if **NO**, explain. \_\_\_\_\_

2b. Has the applicant, or any of the persons name in Paragraph 1 hereof, ever been convicted of a felony or or any misdemeanor other than minor traffic offenses (including military) or are there any chargers pending against the applicant or any person named herein? Yes ☐ No ☐ if **YES**, explain. \_\_\_\_\_

2c. Attach a current copy or copies of Bureau of Criminal Identifications background check (BCI's) for owners and all managers. (*Class A Beer – off premise - requires Nation Wide or FBI background check*) Yes ☐ No ☐

3. Names of all the owners of the building where business is to operate.

<u>Name</u>	<u>Residential Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>

4. What interest (lease, option, own, etc.) in the building where business to be operated does the applicant have? \_\_\_\_\_

5. Name and addresses of all employees (managers must also meet the same requirement as the applicant):

<u>Name</u>	<u>Residential Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>

6. How close to a community location such as a public or private school, church, public library, public playground, or park for which this license is sought? Feet \_\_\_\_\_ Location name \_\_\_\_\_

7. Are there more than two taverns in the same block, including both sides of the street at this premise? If so, has a grandfather privilege been maintained? \_\_\_\_\_

8. Has any brewer, wholesaler of beer or dealer in beer,/alcohol directly or indirectly, supplied, given, or paid for, or hereafter supply, give or pay for any furniture, furnishings, or fixtures used or to be used in vending beer/alcohol; loaned or promised to loan any money for the commencement or conduct of business vending beer/alcohol; now either directly or indirectly financially interested in, or will such brewer, wholesaler or dealer become directly financially interested in the conduct or operation of the business or retail vending of beer/alcohol license for which is applied for in this application? Yes ☐ No ☐ if **YES**, explain. \_\_\_\_\_

9. If this beer license is to be issued to a public restaurant license, will no less than 51 percent of its total restaurant for the sale of food? Yes ☐ No ☐

10. If this beer license is to be issued to a public restaurant license, will no less than 71 percent of its total restaurant for the sale of food? Yes ☐ No ☐

The undersigned, either as an individual, or as the authorized representative of the Applicant, hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date \_\_\_\_\_ Signed by \_\_\_\_\_

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

**Official Use Only:** Zone \_\_\_\_\_ Census Track \_\_\_\_\_ Traffic \_\_\_\_\_ Planning Community \_\_\_\_\_

Planning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	By: _____	Date _____
Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	By: _____	Date _____
License Officer	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	By: _____	Date _____

Business License	Building	Police	Fire	Health
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## Emergency Notification

The information below is required as part of your Ogden City business license application processing. This information is provided to the Police and Fire Departments, for use in case of an **EMERGENCY** such as fire or burglary.

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

### Whom to Call in Case of Emergency (In order of priority, not including owner & manager)

1<sup>st</sup> Person to Contact: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2<sup>nd</sup> Person to Contact: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3<sup>rd</sup> Person to Contact: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## Business License Checklist

Ogden City Customer Service Center  
2549 Washington Blvd. Suite 240  
Ogden, UT 84401  
Phone: 801-629-8962

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Ogden, UT Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

General Plan District: \_\_\_\_\_ Zoning: \_\_\_\_\_ Census: \_\_\_\_\_ Traffic \_\_\_\_\_

*To be filled out by staff*

To determine if an inspection of the premises is needed, please answer the following questions as they pertain to your business.

What type of business was in this space/building before? \_\_\_\_\_

**Yes No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will you have to <b>remodel</b> the building to occupy the space for your use?<br>(Permits and contractors will be necessary before the business may be opened)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the building have address numbers for easy identification?<br>(Emergency vehicles need to be able see the address from the street)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the entry door have an <b>EXIT</b> sign at the main door or entry?<br>(In addition to the exit sign, there must be a sign with 1 inch block letters on the door stating) <b>"This Door to Remain Unlocked During Business Hours"</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you have a business sign installed for your business?<br>(A sign permit is needed and a State Licensed Sign Contractor would be required to install any outdoor sign.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have <b>restroom facilities</b> for you and your employees?<br>(A separate restroom for each sex is required when there are four or more employees and both sexes are employed. <b>Restaurants</b> require restrooms for the public in addition to facilities for employees. ) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all stairs have handrails on <b>both sides</b> of the stairs?<br>(Guardrails are needed for any open stair or balcony area.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there sufficient electrical receptacles for your needs?<br>(Extension cords are <b>NOT</b> permitted. Adding electrical outlets would require a permit and State Licensed Contractor to perform the work.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has <b>Weber-Morgan Health Department</b> approved any food preparation?  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I must have <b>Fire Department</b> approval before I open for business.   |

I hereby acknowledge that I received a copy of these minimum standards and that my business location will meet these standards during my tenancy.

\_\_\_\_\_  
Name of business owner or agent