



Application for Beer/Alcohol License

2549 Washington Blvd. Suite 240

Ogden, UT 84401

Phone: 801-629-8959

- ☐ 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

Detailed 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 _____

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
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- 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>
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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>
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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.

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.

Date _____

Signed by _____

Name/Title: _____



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)

1st Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____

2nd Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____

3rd 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 remodel the building to occupy the space for your use?
(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?
(Emergency vehicles need to be able see the address from the street) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the entry door have an EXIT sign at the main door or entry?
(In addition to the exit sign, there must be a sign with 1 inch block letters on the door stating) "This Door to Remain Unlocked During Business Hours" |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you have a business sign installed for your business?
(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 restroom facilities for you and your employees?
(A separate restroom for each sex is required when there are four or more employees and both sexes are employed. Restaurants require restrooms for the public in addition to facilities for employees.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all stairs have handrails on both sides of the stairs?
(Guardrails are needed for any open stair or balcony area.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there sufficient electrical receptacles for your needs?
(Extension cords are NOT permitted. Adding electrical outlets would require a permit and State Licensed Contractor to perform the work.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Has Weber-Morgan Health Department approved any food preparation? |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I must have Fire Department 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