



# IVINS CITY

55 N Main St  
Ivins, UT 84738  
435-628-0606  
435-674-5486 Fax  
ivins.com

BL # _____
Filing Fee: <b>\$250.00</b>
Receipt #: _____
Date: ____/____/201____
Check #: _____ Cash/CC _____

## ALCOHOLIC BEVERAGE CONTROL LICENSE APPLICATION

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Applicant Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/19\_\_\_\_ Age of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip (if different) \_\_\_\_\_

Applicant SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ Applicant DL # \_\_\_\_\_ Issuing State \_\_\_\_\_ Proof of United States Citizenship: \_\_\_\_\_

Business Name \_\_\_\_\_ \*\*Business Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax \_\_\_\_-\_\_\_\_-\_\_\_\_

Federal Tax ID # (EIN) \_\_\_\_-\_\_\_\_-\_\_\_\_ Utah Sales Tax # \_\_\_\_\_ Utah DBA Reg # \_\_\_\_\_

Do you want to be listed on the Ivins City Business License Directory? Yes No / Copy of current business license included \_\_\_\_

List all of the Addresses for the previous five (5) years including any temporary domiciles. Include Names (former or alias) that may have been used at any time at this address.

Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____
Name _____	Address _____	City _____	State ____	Zip _____

\*\*Location of the Premises or Place of Business to be licensed

It shall be unlawful to make any false statement or misrepresentation on the Alcoholic Beverage Control License application. Any false statement or misrepresentation shall be grounds for denial, suspension or revocation of the license.

**Type of Alcoholic Beverage Control License Desired (Check One)**

- Off-Premise Beer Retail License*
- On-Premise Beer Retail License*
- Public Liquor Licenses (only the following public liquor licenses are allowed within Ivins City)
- If applicable initial which license you are applying for:
  - Restaurant Liquor License*
  - Limited Restaurant License*
  - On-Premise Banquet License*
  - Private Club Liquor License*
  - Single Event Alcohol Permit*
  - Temporary Special Event Beer Permit*

**Signed Statements of Applicant(s)**

I, \_\_\_\_\_ (applicant) verify the information contained on this application is correct and that I have met all application requirements of Title 5, Chapter 4 of the Ivins City Code, the Alcoholic Beverage Control Act and regulations issued by the Alcoholic Beverage Control Commission.

\_\_\_\_\_  
Signature

I verify that I have \_\_\_\_\_ have not \_\_\_\_\_ forfeited bail or been convicted for drunk driving or any felony or violation of any law or ordinance relating to alcoholic beverages, or any crime involving moral turpitude, or had any license or permit involving alcoholic beverages revoked within the past five (5) years.

\_\_\_\_\_  
Signature

I have read, understand and will comply with all laws, ordinances, rules and regulations that are currently in force or that may be amended from time to time by the State of Utah, Washington County Health Department and Ivins City relating to alcoholic beverages.

\_\_\_\_\_  
Signature

I consent authorizing any authorized representative of the City or law enforcement officer to investigate my criminal background; I consent granting any authorized representative of the City or law enforcement officer the unrestricted right to enter the licensed premises during business hours; I understand the City may require additional information, documents and evidence to complete an evaluation of the application; and I swear the information and facts included in this application are true.

\_\_\_\_\_  
Signature

**CHECK LIST OF ITEMS FOR APPLICATION SUBMITTAL**

\_\_\_\_\_ Business Entities Provide information with respect to any shareholder owning more than twenty (20) percent of the business entity and each partner, limited liability company member, association member, corporate officer or director. A single partner, manager, member, or officer need only sign the application. If the establishment for which the applicant seeks a license will be managed or operated by a person other than the applicant, the City shall also require that the agent, manager, or operator submit an application for the purposes of a background investigation, and, if the manager or operator does not meet the requirements of this chapter, the City may deny the applicant’s request for a license.

\_\_\_\_\_ Finger Printing and Photographs Each applicant shall, at the time of filing a license application, present themselves to the police chief, or designee, to be fingerprinted and photographed. Such fingerprints and photographs shall be clearly marked as having been taken in connection with the application.

\_\_\_\_\_ Submit criminal history review application and fees to Bureau of Criminal Identification. Attach unopened envelope(s) when received with this application.

\_\_\_\_\_ Courtesy Notice to Neighbors The intent of the Courtesy is to inform neighbors of activity within their

neighborhood and should not be construed as a legal notice. Applicant shall provide **two sets** of #10 envelopes bearing first class postage, with **TYPED** addresses to all property owners, as shown on the county tax rolls within six hundred (600) feet from each of the exterior boundaries of the property. City staff shall mail a notification letter to the neighbors specified of the Alcoholic Beverage License application and public hearing notices to be held by both the Planning Commission and City Council.

\_\_\_\_\_ Vicinity Map Provide a map showing the 600-ft. distance from premises, noting the location of a school, church, library, playground or park.

\_\_\_\_\_ Site Plan and Building Floor Plan Each applicant shall provide with the initial application a site plan and building floor plan indicating all public places, security measures, plans for public entrances and exits, locations where the applicant proposes to keep, store and sell alcoholic beverages and public and private ingress and egress to the premises. (Ord. 2006-15, 2006)

\_\_\_\_\_ Bonding Requirements Each Limited Restaurant Liquor Licensee shall post a cash or corporate surety bond in the penal sum of \$1,000 payable to Ivins City, which the licensee has procured and must maintain for so long as the licensee continues to operate as a Limited Restaurant Liquor Licensee.

\_\_\_\_\_ Submit a Complete Copy of the State application with all attachments required by the State, which includes but not limited to, as the Code may be amended from time to time.

For a complete list of State requirements refer to [www.abc.utah.gov](http://www.abc.utah.gov).

- \_\_\_\_\_ Ownership entity organizational papers for the business:
  - (a) if a corporation, submit a copy of the articles of incorporation;
  - (b) if a partnership, submit a copy of the written agreement;
  - (c) if a limited liability company, submit a copy of the articles of organization.
- \_\_\_\_\_ BCI background check information (see application form)
- \_\_\_\_\_ Written consent from city council
- \_\_\_\_\_ Evidence of proximity to schools, churches, libraries, playgrounds and/or parks
- \_\_\_\_\_ Copy of current local business license
- \_\_\_\_\_ \$250 application fee (payable to Ivins City and is non-refundable)

If a Restaurant is proposed then;

- \_\_\_\_\_ Completed Restaurant License application form
- \_\_\_\_\_ \$10,000 restaurant cash or corporate surety bond (Refer to website for correct form)
- \_\_\_\_\_ Certificate of insurance for public liability and liquor liability 'dram shop' coverage (Minimum coverage is \$500,000 per occurrence/\$1,000,000 in the aggregate)
- \_\_\_\_\_ Scaled floor plan (8-1/2" x 11") of restaurant (Highlight areas for storage, sale and consumption of alcoholic beverages)
- \_\_\_\_\_ \$1,750 initial license fee (make checks payable to UDABC)
- \_\_\_\_\_ Copy of menus and posted price list for alcoholic beverages, if applicable

**Do Not Write Anything Below this Line until You are Standing in Front of the Notary**

Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / 201\_\_\_\_\_

Month Day Year

State of Utah )  
 )ss.

County of Washington )

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_, before me, \_\_\_\_\_, the undersigned Notary Public, personally appeared \_\_\_\_\_, personally known to me or proved to me on a basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed in the within instrument, and acknowledged that he/she/they executed it. Witness my hand and official seal.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Signature