

# BEAVER CITY

60 W Center Street • Beaver, UT 84713

(435) 438-2451 • Fax (435) 438-5826

## APPLICATION FOR BEER LICENSE (LIQUOR SET-UP)

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Applicant(1) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

\*Must attach Criminal Information Sheet, and Beer Handler Permit.

Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Application \_\_\_\_\_ Opening Date of Business \_\_\_\_\_

Type of Organization (Check all that apply)

Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ New Owner \_\_\_\_\_ Change of Use \_\_\_\_\_

All Applicants, partners, officers, and directors, plus stockholder/members with 20% ownership must provide:

- 1) Name, address, and date of birth
- 2) Place(s) of residence for last 5 years
- 3) BCI background check
- 4) References

5) List of all felony and misdemeanor criminal convictions, including charge description, date of conviction, and the court.

I hereby certify that I have never been convicted of a felony, or of any violation of any law or ordinance related to alcoholic beverages, or of drunken driving, or of keeping a gambling or disorderly house.

I also certify that I have complied with the requirements and possess the qualifications specified in the Alcoholic Beverage Control Act of Utah, and that all the information I have provided in this application is true.

I agree that if a license is issued, it shall be subject to suspension or revocation as provided in Chapter 23 of the Beaver City Ordinances. I also agree to post any bonds required by the City pursuant to the terms of Chapter 23 of the Beaver City Ordinances.

Date \_\_\_\_\_

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

Applicant Agent

DABC Approval Date \_\_\_\_\_

Council Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to: Beaver City Corporation

Liquor and beer license renewals shall be due annually on January 1<sup>st</sup> of each year. If paid after February 15<sup>th</sup>, a late penalty of 50% of the amount of the fee shall be added to the original amount due. If paid after April 1<sup>st</sup>, the fee shall be doubled.

# BEAVER CITY CRIMINAL INFORMATION SHEET

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**PLEASE NOTE: EACH OWNER OR PART OWNER OF THE APPLICANT BUSINESS MUST COMPLETE A SEPARATE "CRIMINAL APPLICATION BUSINESS SHEET."**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Title \_\_\_\_\_

### PLACE(S) OF RESIDENCE FOR LAST 5 YEARS

Address(1) \_\_\_\_\_  
Street Address                      City                      County      State      Zip

Address(2) \_\_\_\_\_  
Street Address                      City                      County      State      Zip

Address(3) \_\_\_\_\_  
Street Address                      City                      County      State      Zip

Please use additional sheets for additional addresses.

### REFERENCES

Name(1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Signature \_\_\_\_\_

Name(2) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Signature \_\_\_\_\_

Name(3) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Signature \_\_\_\_\_

Name(4) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Signature \_\_\_\_\_

Name(5) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Signature \_\_\_\_\_

### FELONY AND MISDEMEANOR CRIMINAL CONVICTIONS

Charge(s)	Conviction Date	Felony/Misdemeanor	Court (Name, City, State)

Please use additional sheets for additional convictions.

I certify that the above information is correct to the best of my knowledge, and that I have never been convicted of a felony, any violation of any law or ordinance related to alcoholic beverages, drunken driving, or keeping a gambling or disorderly house.

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

# Beaver City Beer Handler Permit Application

Permit # \_\_\_\_\_

Application Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

DL State \_\_\_\_\_ DL Number \_\_\_\_\_

Have you been convicted of a felony involving alcohol  
in the last five years? Yes    No  
\_\_\_\_\_

Have you been convicted of a misdemeanor involving the sale  
of alcohol to a minor in the last three years. Yes    No  
\_\_\_\_\_

Have you ever held a Beaver City Beer Handler Permit? Yes    No  
\_\_\_\_\_

Explanation of Applications request for Beer Handler Permit:

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### Applicants Statement

I certify that all the answers given herein are true and complete to the best of y knowledge.

In the event of certification, I understand that false or misleading information given in my application may result in revocation of any City or County Beer Handlers Permit. I also agree that I understand, and agree to abide by the applicable laws of the State of Utah, and Ordinances of Beaver City, and Beaver County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date