HURRICANE CITY
UTAH

LIQUOR LICENSE APPLICATION AND QUESTIONNAIRE

HURRICANE CITY
147 N 870 W
HURRICANE, UTAH 84737
(435) 635-2811

NOTE: **Please print or type.** All questions must be answered completely or application will not be considered.

NEW LICENSES OR CHANGE OF OWNERSHIP must be accompanied by:

_____$50.00 non-refundable application fee
_____ Annual license fee (refunded if application is denied)
_____ Statement from 5 individuals or entities recommending the applicant
_____ Copy of business license or business license application
_____ Proof of completion of all necessary certifications by employees required by the city and state or understanding of necessary training requirements for new applicants
_____ A local background release form with copy of drivers license
_____ Evidence of distances to nearest school, church, public library, public playground, or park
_____ Names and addresses of shareholders, members, or partners (applicable to Corporations, limited liability companies and partnerships)

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1. Applicant If the license is for an individual or sole proprietorship, applicant must be the owner. If license is for a corporation, the applicant shall be a corporate officer/agent authorized to make the application and a separate sheet must be attached giving the names and addresses of all shareholders owning more than 10% of the corporation. If license is for a limited liability company, applicant must be a manager or managing member authorized to make the application. If license is for a partnership, the applicant shall be a general partner and a separate sheet must be attached giving the names and addresses of all partners.

   Name _____
   (First) (Middle) (Last)
   Home address_____
   (Street) (City) (State/Zip)
   Phone Number_____
   Social Security #_____Date of Birth _____
   U. S. Citizen?_____Yes_____No, if no, registered alien?_____Yes_____No
   Relationship of applicant to entity for which license is sought:
   _____Owner_____Corporate Agent_____Corporate Officer_____Officer
   _____Partner_____Member of Limited Liability Company_____Other

2. Entity for which License is being sought
_____Sole Proprietorship_____Corporation_____Non Profit Corporation
_____Partnership_____LLC_____Other _____

Name of Entity _____

Address of Principal Office _____
(Street) (City) (State/Zip)
Phone_____ Email _____

Names, addresses, Phone, DOB, Social Security Number of all Corporate Officers, Partners, Members, Board of Directors and Shareholders
(if necessary attach a separate sheet)

Name	**Address**	**Phone**	**DOB**	**Social Security Number**

3. Business Name / Location / Management
   Name under which business will be operated (if different from name of the applicant, corporation or partnership) _____

   Business Address _____
   (Street) (City) (State/Zip)
   Phone Number _____

   Owner of Property _____

   Name of Business Manager _____
   (First) (Middle) (Last)
   Social Security #_____ Date of Birth_____

   Phone Number _____

   *Distance in feet from nearest public or public or private school _____
   *Distance in feet from nearest church _____
   *Distance in feet from nearest public playground _____
   *Distance in feet from nearest public park _____
   *Distance in feet from nearest public library _____

4. Classification of license applied for:

_____Airport Lounge	_____Banquet
_____Bar	_____Beer Recreational
_____Hotel	_____Off-Premise Beer
_____Package Agency	_____Reception Center
_____Restaurant-beer only	_____Restaurant-Full
_____Restaurant-Limited	_____Tavern
_____Beer wholesaler	_____Liquor warehouse
_____Manufacturing	

5. Miscellaneous Information (For purposes of the following questions, the term "you" shall refer to any applicant, corporate officer, corporate director, corporate agent, LLC member, partner or manager)

   Have you ever been engaged in any other business where beer or alcoholic beverages were sold to the public?_____Yes_____No. If yes, state name of business, location of business, nature of business, date(s) ofoperation. _____

   _____

   _____

   Have you at any time been convicted of a felony in any court in the United States?
   _____Yes_____No. If so, give particulars – City, Dates, pertinent information, etc. _____

   _____

Have you been convicted or have you entered a plea of guilty at any time to a law violation involving beer or alcoholic beverages?_____Yes_____No. If so, give particulars – City, Dates, pertinent information, etc._____

Give particulars of your employment or business engaged in during the past five years, stating dates, business name and address, nature of business, position or title, employer's name and address of business. _____

Are business premises to be leased?_____Yes_____No. If yes, state name and address of lessor and nature of lessor's interest in business premises. _____

Will food be served at business location?_____Yes_____No (If yes, please attach a sample of the menu you plan to use)

Has a license covering any place in which you had a financial interest ever been revoked or suspended?_____Yes_____No If yes, state type of license, location of license, date license was revoked or suspended, reason for revocation or suspension _____

6. Additional Information: Give any additional information which you believe will help the City Council to make a decision upon your application: _____

STATE OF UTAH)
: ss.
COUNTY OF WASHINGTON)

I,_____, being first duly sworn, depose and say as follows:

1. The foregoing Application and Questionnaire is in all respects true and correct, to the best of my knowledge and belief;
2. I am the applicant above-named and have not leased, assigned, or entered into a profit-sharing arrangement of any type with any other person for operation of the above-named business except as disclosed herein;
3. I have received and read the beer/alcoholic beverage license ordinance of the City of Hurricane, and I believe that this application in all respects conforms to the requirements thereof;
4. I consent to the entry in or upon the business premises by City employees or representatives at reasonable times for the purpose of inspecting the business premises to ensure compliance with applicable laws, ordinances, rules and regulation; and
5. I understand and agree that any false information contained in this application shall be grounds for denial of this application and shall constitute perjury.

_____
Applicant

SUBSCRIBED AND SWORN TO before me this_____day of_____, 20___

_____
(NOTARY PUBLIC OR CITY LICENSE OFFICER)

(FOR OFFICE USE ONLY)

New license: _____
Date Application Reviewed: _____
Non-refundable application fee received _____
Refundable license fee received _____
Character statement from 5 residents received: _____
Application referred to: Planning & Zoning _____
Building Inspection Department _____
Fire Department _____
Police Department _____
Health Department _____
Business License obtained/applied for: _____
Date Application was considered by City Council: _____
Application: _____granted _____denied
Comments: _____

_____

_____

_____

_____

_____

_____
City License Officer

FEES

A non-refundable application fee of Fifty Dollars ($50.00) shall be submitted with any application for an original license.

At the time of application for an original license or renewal license, the applicant shall pay an annual license fee as follows:

All Classifications $300.00

If a license is issued on or after July 1 in any year, one-half of the annual license fee shall be charged.