

Date Received: _____
 Date Pd: _____
 Amount Pd:
 \$ _____
 Receipt #: _____

ALCOHOLIC BEVERAGE LICENSE APPLICATION FILLMORE CITY

75 West Center Fillmore, Utah 84631
 435-743-5233; Website – fillmoreutah.gov

Fee: \$ _____
 License #: _____
 Zone: _____
 CUP #: _____

Business Name _____ **Business Location** _____

Owner Name _____ **Owner Address** _____

Driver License # _____ **Mailing Address** _____

Home Phone _____ **DOB** _____

Business Phone _____ **Background Check** _____

Partner/Officer _____ **Address** _____

Driver License # _____ **DOB** _____

Home Phone _____ **Background Check** _____

(If additional partners/officers, list on an additional sheet.)

(***Please attach copies of all documents required***)

Have you or your partner/officers ever been convicted of anything other than a traffic violation? no yes
 (If yes, please attached an explanation; falsification of information is a misdemeanor.)

List your State Liquor License # _____

Type of license _____ **Bond** _____

Detailed description of type of alcoholic beverages to be served _____

<u>Type</u>	<u>Fee</u>
Liquor Consumption	\$25.00
Class A	\$75.00
Class B	\$75.00
Class C	\$225.00
Class D	\$10.00 per day for period for which the license is issued.
Seasonal	\$10.00 per day for the period which the license is issued, such period shall not exceed one month.
 <u>Initial Application</u>	
Classes A, B, & C	\$100.00
Class D & Seasonal	\$25.00
<u>Special Business License Fee</u>	
Tavern Entertainers	\$10.00 (per person)

I, the undersigned, understand and agree to comply with all regulations of Fillmore City Ordinances, Licenses, and Business Regulations. I understand that I shall not begin nor cause to begin the sale of alcoholic beverages without first obtaining an alcoholic beverage license. Falsification of any information on this form is cause for revocation or denial of the application.

Dated _____ **Signature** _____

The receipt of alcoholic beverage license fees does not constitute approval to sell alcoholic beverages at a business.

For Office Use Only

Final Approval/denial by _____ Date _____

Reason denied _____