

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

**ALCOHOLIC BEVERAGES LICENSE
 APPLICATION RETAILER
 OFF-PREMISE
 FILLMORE CITY**

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

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

Business Name _____	Business Location _____
Owner Name _____	Owner Address _____
Driver License # _____	Mailing Address _____
Home Phone _____	DOB _____
Business Phone _____	E.A.S.Y. Certification _____
Email Address _____	
Partner/Officer _____	Address _____
Driver License # _____	DOB _____
Home Phone _____	E.A.S.Y. Certification _____

Please attach proof of E.A.S.Y. Certification training for owner, partner/officers and employees. New employees must be certified within 30 days of hire and proof provided to the city office.

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.)

<u>Type</u>	<u>Fee</u>
Class A	\$75.00
<u>Initial Application</u>	
Class A	\$100.00

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 _____