

## Application Check List ....

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### Liquor Licensing

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All documents listed are required at the time of application.

- Completed Midvale City Business License Application**
- Background checks for all owners, managers and/or corporate officers**
- Site Plan showing the location of the premises including vicinity of schools, churches and other public spaces**
- List of company policies on alcoholic beverage sales including written policies, procedures, training and other methods used to ensure compliance with local and state laws.**

- Registration of a Business Name:**

All persons or partners doing business in Utah under an assumed business name must register with the Department of Commerce.

Place: Heber Wells Building, 160 East 300 South SLC

Phone: (801)530-4849

<https://secure.utah.gov/osbr-user/user/welcome.html>

- Federal Employer's Tax I.D. Number:**

Every person without a previous tax number who pays wages to one or more employees or is required to file any federal reports must apply for a tax number on Form SS-4 with the IRS.

Place: 50 South 200 East SLC

Phone: 800-829-1040

[www.irs.ustreas.gov/formspubs/index.html](http://www.irs.ustreas.gov/formspubs/index.html)

Contact the IRS for information related to income, excise, self-employment and other federal taxes. The IRS also provides a Business Tax Kit and Tax Seminar for businesses. The seminar will provide you with basic instructions and forms for reporting federal taxes on your business.

Place: 50 South 200 East SLC

Phone: 800-829-1040

- State Tax Information:**

For information related to income tax, sales and use taxes and other applicable state taxes as well as information concerning application for a state tax number contact the Utah State Tax Commission.

Place: 210 North 1950 West

Phone: (801) 297-2200

[www.tax.utah.gov](http://www.tax.utah.gov)



## FOR YOUR INFORMATION ....

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### Liquor Licensing

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Frequently Asked Questions:

- Licensing Fee: Based on the attached fee schedule and pro-rated on a six month basis.
- Once a liquor license application and fees are submitted, it typically takes up to 10 days to process.
- Bonding and investigations may be needed, depending on business type.
- All applications must be filled out completely; missing information may cause a delay in processing.
- Current background checks are required for all owners and/or corporate officers. (must be dated within the last 60 days) You may obtain a background check either at Midvale City Court or the Bureau of Criminal Identification located at 3888 W
- 5400 S, Kearns. Phone # 801-965-4446.

If you have any questions please contact the Midvale City Business Licensing  
Department at (801)567-7213

# Business License Fee Schedule

Effective Date: 07/01/2015

<b>Commercial Business</b>	<b>Number</b>	<b>Fee</b>	<b>Total</b>
Base Fee	X	\$137.00	\$
Renewal Fee	X	\$19.00	\$
Solicitor (New App. and Renewal)	X	\$45.00	\$
SOB (Principal, Escort, Driver, Body Guard)	X	\$84.00 each	\$

<b>Booth Rental</b>	<b>Number</b>	<b>Fee</b>	<b>Total</b>
New Application Fee	X	\$68.00	\$
Renewal Fee	X	\$19.00	\$

<b>Home Business</b>	<b>Number</b>	<b>Fee</b>	<b>Total</b>
Base Fee	X	\$94.00	\$
Renewal Fee	X	\$19.00	\$

<b>Good Landlord</b>	<b># of Units</b>	<b>Fee Per Unit</b>	<b>Total</b>
New Application Base Fee	X	\$143.00	\$
Renewal Base Fee	X	\$102.00	\$
Good Landlord Program Reduction	X	\$7.00	\$
Non-Program Apartments 3+	X	\$33.00	\$
Non-Program Duplex	X	\$42.00	\$
Non-Program Single Family	X	\$80.00	\$

<b>Other Variable Fees:</b>	<b>Number</b>	<b>Fee</b>	<b>Total</b>
Alcohol Establishment	X	\$300.00	\$
Bar/Lounge	X	\$215.00	\$
Big Box Retail	X	\$400.00	\$
Commercial Retail	X	\$110.00	\$
Convenience/Gas	X	\$100.00	\$
Construction/Contractor	X	\$50.00	\$
Education	X	\$500.00	\$
Health	X	\$500.00	\$
Hotels/Motels	X	\$180.00	\$
Pawn Shop	X	\$400.00	\$
Personal Services	X	\$50.00	\$
Professional Services	X	\$30.00	\$
Restaurant/Food Establishment	X	\$300.00	\$
Storage Units	X	\$330.00	\$
Taxi	X	\$60.00 Per Vehicle	\$
Tobacco Specialty Business Fee	X	\$22.00	\$
Vending Carts	X	\$18.00	\$

## Bonding Schedule

Christmas tree sales	\$200.00
Auctions and auctioneers	\$1,000.00
Pawn shops, secondhand dealers	\$1,000.00
Public recreation	\$1,000,000.00 bodily injury (per person and per occasion)
	\$1,000,000.00 property damage
Fireworks	\$1,000.00
Sexually oriented businesses	\$2,000.00 (replenishable)



**Midvale City**  
**7505 S Holden St**  
**801-567-7200**

## BUSINESS LICENSE APPLICATION

**\*\*OFFICIAL USE ONLY\*\***

License Number: <input type="checkbox"/> New Application <input type="checkbox"/> Change Owner/Location <input type="checkbox"/> Other Notes: _____	<table style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>Approvals</b></td> </tr> <tr> <td>Building: _____</td> <td>Date: _____</td> </tr> <tr> <td>Fire: _____</td> <td>Date: _____</td> </tr> <tr> <td>Code Enf.: _____</td> <td>Date: _____</td> </tr> <tr> <td>Health: _____</td> <td>Date: _____</td> </tr> </table>	<b>Approvals</b>		Building: _____	Date: _____	Fire: _____	Date: _____	Code Enf.: _____	Date: _____	Health: _____	Date: _____
<b>Approvals</b>											
Building: _____	Date: _____										
Fire: _____	Date: _____										
Code Enf.: _____	Date: _____										
Health: _____	Date: _____										

License Type: <input type="checkbox"/> Home <input type="checkbox"/> Commercial Is this a new type of Business at this Location: <input type="checkbox"/> Yes <input type="checkbox"/> No Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <small>*LLC, Corporations &amp; Partnerships must provide articles of incorporation</small> Hours of Operation: _____	Is Business Name Registered with the State: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Tax ID#/SS# _____ Utah Sales Tax # _____ Professional License # & Type (if Applicable) _____ EPA Hazardous Materials on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name: _____	DBA Name: _____
Business Address: (Physical, no PO Box or Virtual Office)	
Mailing Address (if different):	
Business Phone: _____	E-Mail Address: _____
Description of Business Activities:	
Emergency Contact: _____	Phone: _____
<b>Information of Owner, Partner, or Corporate Officers and a Local Manager</b>	
Name: _____ Title: _____	Name: _____ Title: _____
Home Address _____	Home Address: _____
City/State/Zip _____	City/State/Zip _____
DL# Number: _____ D.O.B. _____	DL# Number: _____ DOB _____
Phone: _____ E-Mail: _____	Phone: _____ E-Mail: _____
<b>Property Owner Information</b>	<b>Fee Amount</b>
Name: _____	Base Fee _____
Address: _____	Bond _____
City/State/Zip: _____	Variable Fee(s) _____
	_____
	_____
	Total _____

The foregoing information is correct to the best of my knowledge. I am aware that this application does not authorize conducting business until approved by Midvale City and a license has been issued. I also agree to conduct said business strictly in accordance with the laws and ordinances covering such business, and that no other type of business will be conducted other than what has been stated above. **It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse this responsibility.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PACKAGE AGENCY, RESTAURANT LIQUOR, LIMITED RESTAURANT,  
ON-PREMISE BANQUET, SPECIAL USE PERMIT, SINGLE EVENT PERMIT,  
ON-PREMISE BEER RETAILER, OFF-PREMISE BEER RETAILER  
ALCOHOLIC BEVERAGE LICENSE  
APPLICATION**

*No immediate privilege is granted At least 10 days is required for the application review and investigation. This application does not authorize the sale or display for sale of alcoholic beverages until the license has been issued*

I/We hereby apply to the Midvale City Council for the following alcoholic beverage License:

- Package Agency  
Annual Fee ..... \$300.00
- Restaurant Liquor (liquor, beer and wine for patrons of restaurant)  
Annual Fee ..... \$300.00
- Limited Restaurant (beer and wine for patrons of restaurant)  
Annual Fee ..... \$300.00
- On-Premise Beer Retailer (beer for patrons of restaurant)  
Annual Fee ..... \$300.00
- Off-Premise Beer Retailer (retail sale of beer for off-premise consumption)  
Annual Fee ..... \$300.00
- On-Premise Banquet  
Annual Fee ..... \$300.00
- Special Use Permit  
Annual Fee ..... \$300.00
- Single Event Permit  
Annual Fee .. . \$25.00/day
- On-Premise Beer Retailer (beer for patrons of restaurant)  
Annual Fee ..... \$300.00

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Applicant Age: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

Type of business or organization

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> "For Profit" Corporation     |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> "Not for Profit" Corporation |
| <input type="checkbox"/> Association         |   |

**Please Note:** If the business/organization is a partnership, association, or corporation, a list of the names and addresses of all the registered agents, partners, association members, corporate officers and directors must be provided. See page 5 of application form.

Number of years business/organization has been operating: (1) in Utah \_\_\_\_\_;  
(2) in other state(s) \_\_\_\_\_ (indicate state).

Utah State Sales Tax Number: \_\_\_\_\_.

Does this business/organization have any other municipal, county, and/or state licenses or permits allowing the sale of alcohol?

- Yes  No

If "yes", which jurisdiction(s)? \_\_\_\_\_

Has this business/organization or any of its agents, partners, association members, corporate officers or directors ever:

- Forfeited a bond for an alleged violation of law or ordinance pertaining to alcoholic beverage sales?
- 

Yes  No

- Been charged in a criminal proceeding with having violated any law or ordinance pertaining to alcoholic beverage sales?

Yes  No

- Had a license revoked or suspended or failed to obtain a renewal of a license by reason of any alleged violation of the law or ordinance pertaining to alcoholic beverage sales?

Yes  No

If "yes" to any of the above, fully explain on an attached sheet.

Number of employees who will handle or sell alcoholic beverages: \_\_\_\_\_

Business organization's manager at proposed licensed premises: \_\_\_\_\_

Number of years employed by company as manager: \_\_\_\_\_

**BONDING COMPANY**

Name of bonding Company: \_\_\_\_\_

Address of bonding company: \_\_\_\_\_

Is bonding company licensed to do business in Utah?

Yes

No

Bonding company's registered agent in Utah: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**CERTIFICATION**  
**PACKAGE AGENCY, RESTAURANT LIQUOR, LIMITED RESTAURANT,**  
**ON-PREMISE BANQUET, SPECIAL USE PERMIT, SINGLE EVENT PERMIT,**  
**ON-PREMISE BEER RETAILER, OFF-PREMISE BEER RETAILER**  
**ALCOHOLIC BEVERAGE LICENSE**

I/We certify that I/we have read the foregoing application and that the statements made herein are true. I/We recognize that any license to be issued hereunder is a mere revocable privilege and shall not confer any vested rights of any kind or nature upon me/us or my/our successors. The license applied for, if granted, shall be deemed to be personal and NON-TRANSFERRABLE to any other person or organization or to any other location without the express consent of Midvale City.

I/We believe that we possess the required moral character and other qualifications for an alcoholic beverage license or permit. Neither I/we nor any of my/our partners, if business organization is a partnership, or officers, if business organization is a corporation or association, have pleaded guilty or have been convicted of a felony or any violation of law or ordinance relating to alcoholic beverages, controlled substances, drunken driving, or of any offense involving moral turpitude other than as identified elsewhere in this application. I/We have read the Utah State Alcoholic Beverage Control Act and have complied with the requirements and possess the qualifications specified therein. I/We have read the Midvale City ordinances pertaining to the sale and use of alcoholic beverages and understand and agree to abide by their terms. I/We recognize that any violation(s) of said ordinances may jeopardize the license issued and that said violation(s) will justify the City Council's revocation of license issued and/or subject the bond I/we have filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission, or misrepresentation of a material fact in this application will result in revocation of the license issued.

Midvale City and its officials and employees may make inquiry concerning my/our qualifications to possess an alcoholic beverage license. This inquiry may include, but is not limited to, contact with law-enforcement and other agencies concerning previous convictions, if any, of the applicant. Said individuals and agencies may release to Midvale City and its officers and employees all information pertinent to the inquiry.

Signed: _____	Signed: _____
Printed Name _____	Printed Name _____
Title: _____	Title: _____
Date: _____	Date: _____

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Residing In: \_\_\_\_\_

**List**  
**Registered Agents, Partners, Association Members, Corporate Officers/Directors**

(Must be provided if business/organization is a partnership, association, or corporation. Attach additional sheets if needed)

Attach two original copies of background record checks for all owners, registered agents, partners, association members, and corporate officers/directors. One copy will remain with Midvale City, the other copy will be returned for submission to the Department of Alcoholic Beverage Control.

Title: _____	Title: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone#: _____	Phone#: _____
Date of Birth _____	Date of Birth _____
Place of Birth: _____	Place of Birth: _____
Driver's License #/State: _____	Driver's License #/State: _____

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Title: _____	Title: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone#: _____	Phone#: _____
Date of Birth _____	Date of Birth _____
Place of Birth: _____	Place of Birth: _____
Driver's License #/State: _____	Driver's License #/State: _____

## **BACKGROUND RECORD CHECK**

Attach two original copies of a background record check for business owner/applicant (dated within the last 60 days). One copy will remain with Midvale City, the other copy will be returned for submission to the Department of Alcoholic Beverage Control. If the applicant is a partnership, association or corporation, see page 5 of application.

## **SITE PLAN**

Attach a site plan showing the location of the premises, including vicinity of schools, churches and other public spaces.

## **COMPANY POLICIES**

Attach copies of the written policies, procedures, training materials, training schedule, and other methods, which will be used to ensure compliance with the local and state laws relating to the marketing and sales of alcoholic beverages.

<b>***ALIAS, A.K.A., PSEUDONYM, ETC***</b>
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Have any of the agents, partners, association members, corporate officers or directors of this business/organization ever used an alias, AK.A., pseudonym, etc.? If so, please list.

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**OFFICE USE ONLY**

**Community and Economic Development:**

Approved  Denied

Completed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Fire Department:**

Approved  Denied

Completed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**City Attorney:**

Approved  Denied

Completed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Police Department:**

Approved  Denied

Completed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**MAYOR**

Presented to the Mayor for action on (date) \_\_\_\_\_

Action taken:

Approved  Denied

License Number: \_\_\_\_\_

Special Conditions:

\_\_\_\_\_

Signed: \_\_\_\_\_

JoAnn B. Seghini, Mayor

Date: \_\_\_\_\_