

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

BEER 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 a beer license. Falsification of any information on this form is cause for revocation or denial of the application.

Dated _____ **Signature** _____

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

For Office Use Only

Final Approval/denial by _____ Date _____

Reason denied _____