

City of Monticello
APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

BUSINESS CONTACT INFORMATION

Title:		Date business commenced:	
Company name:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Phone Fax:			
E-mail:			
Registered company address City, State ZIP Code: (physical)			
Owner Name:			
Owner Driver License:			
Owner Address:			
Owner City, State, Zip:			
Owner Date of Birth:			

BUSINESS AND CREDIT INFORMATION

		Bank name:	
How long at current address?		Primary business address City, State ZIP Code:	
Phone:		Phone:	
Fax:			
E-mail:		Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

CLASS OF LICENSE REQUESTED

Class "A" Beer, for consumption off premise only \$100			Total \$ _____
Class "B" Beer for consumption on premise (state license required) \$200			Total \$ _____
Class "C" Beer or Liquor – consumption on premise (state license required) \$300			Total \$ _____
Temporary Beer, on or off-premises consumption, not to exceed 30 days \$25	Dates Requested:	Event:	Total \$ _____
Fire Inspection			Total \$60.00
Reference Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other:	
Reference Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other:	

AGREEMENT

1. I the undersigned applicant, understand and agree to the following:
2. The fee indicated for the type of alcoholic beverage license requested is due at time of application; should the application be denied, this fee will be refunded.
3. This application will be forwarded to the San Juan County Sheriff's Department, who will: a) do an extensive background check on applicant; b) inspect establishment premises to assure compliance with State law and municipal ordinances; and c) interview owner, manager, and employees. Based on findings, the San Juan County Sheriff will make a recommendation to the Monticello City Council for approval or denial of the application.
4. Certain distance requirements have been set by the State of Utah and the City of Monticello relating to proximity to schools, churches, libraries, playgrounds, and parks of an establishment selling alcoholic beverages. This will be a factor to be considered before a new license is issued; in some cases, a variance may be granted by the State and City.
5. All licenses expire on the 31st day of December, annually, or at an earlier date as specified on a license issued by the Department of Alcoholic Beverage Control. Proof of renewal of the State alcoholic beverage license will be required prior to renewal of the City license.
6. Alcoholic Beverage licenses are non-transferable. A change in ownership of the establishment voids the alcoholic beverage license. The new owner will be required to submit applications to both the City and State for approval before alcoholic beverage sales can be resumed.
7. Final approval or denial of the application rests with the Monticello City Council. Approval, if granted, shall be contingent on the applicant's receipt of a Utah State license, as applicable.
8. The City of Monticello reserves the right to deny any alcoholic beverage application or to revoke any license.
9. **CERTIFICATION:** The information I have provided regarding this application is true and correct. I agree to abide by the laws of the State of Utah and the ordinances of the municipality. I understand that any violation of the Alcoholic Beverage Control Act of City Ordinance will result in suspension or revocation of the municipal license and notification to the State of Utah Alcoholic Beverage Control Commission.

SIGNATURES

Signature (in presence of a notary)		Signature (in presence of a notary)	
Name and Title:		Name and Title:	
Date:		Date:	
NOTARY:	State of Utah) § County of San Juan County) On this ____ day of _____, in the year _____, before me, _____, personally appeared _____, proved to me through satisfactory evidence if identification, which was _____ to be the person whose name is signed on this document in my presence.		
Fire Inspection Approved:	Date:	Fire Inspection Denied:	Date:
Sheriff's Office Approved:	Date:	Sheriff's Office Denied:	Date:
Monticello City Council Approved:	Date:	Monticello City Council Denied:	Date:
Attest: Recorder/Clerk			