



ALCOHOL AND CONSUMPTION LICENSE APPLICATION

(801) 789-6634 • 1650 E STAGECOACH RUN, EAGLE MOUNTAIN, UT 84005 • WWW.EMCITY.ORG

FOR OFFICE USE ONLY			
Date:	Received by:	Alcohol License #:	
Fees: \$300.00 for On-premises Beer License \$300.00 for Off-premises Beer License \$300.00 for Restaurant Liquor License		Business License #:	
		Amount Paid:	Receipt #:
ESTABLISHMENT INFORMATION			
Name of Establishment:			
Address of Establishment:			
Phone Number:	Email Address:	License Classification:	
Primary Use of Establishment:			
ESTABLISHMENT ORGANIZATION INFORMATION			
Corporation_____ Partnership_____ Individual_____ Other (specify) _____			
PRIMARY APPLICANT INFORMATION			
Full Name (last, first, middle):			
Home Address:			
If less than 1 year, list addresses for the past five (5) years:			
Date of Birth (mm/dd/yyyy):	Country of Citizenship:	Social Security Number:	

If the business is owned by a corporation or partnership, please list full names, date of birth, citizenship, social security numbers, home addresses and phone numbers on the reverse of this application. If establishment is to be operated by anyone other than officers, partners or applicant, the above information must be supplied on the operator and attached statement also endorsed and notarized. Please include all previously owned or operated businesses of all partners, officers, operators and applicants, including the name and addresses of the businesses and licensing authorities.

Applicant affirms that he/she is of good moral character and has received a copy of Title 5, Chapter 13 – Eagle Mountain City Business License Ordinance 98-08, including the conditions, requirements, and restrictions that apply for receiving an Eagle Mountain City Restaurant Liquor License. Applicant further acknowledges that he/she will meet all the requirements of the Utah Liquor Control Act and Eagle Mountain City Business Ordinance, and that all statements contained in this application are true and correct.

Signature of Applicant: _____ Date: _____

Subscribed and Sworn to Before me this _____ day of _____, 20_____

Notary Public: _____ Expiration of Notary: _____

Residing At: _____

OFFICERS, PARTNERS AND/OR OPERATORS

Full Name: (last, first, MI): _____

Home Address: _____

Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____

Social Security Number: _____ Home Phone: _____

Full Name: (last, first, MI): _____

Home Address: _____

Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____

Social Security Number: _____ Home Phone: _____

Full Name: (last, first, MI): _____

Home Address: _____

Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____

Social Security Number: _____ Home Phone: _____

Full Name: (last, first, MI): _____

Home Address: _____

Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____

Social Security Number: _____ Home Phone: _____

Full Name: (last, first, MI): _____
Home Address: _____
Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____
Social Security Number: _____ Home Phone: _____

Full Name: (last, first, MI): _____
Home Address: _____
Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____
Social Security Number: _____ Home Phone: _____

PREVIOUSLY OWNED/OPERATED BUSINESSES OF ALL OFFICERS, PARTNERS, AND/OR OPERATORS

Business Name: _____ Operated From: _____ to _____
Business Address: _____
License Obtained Through: _____
Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____
Business Address: _____
License Obtained Through: _____
Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____
Business Address: _____
License Obtained Through: _____
Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____
Business Address: _____
License Obtained Through: _____
Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____
Business Address: _____
License Obtained Through: _____
Officer, Partner or Operator who had an interest: _____

Business Name: _____ Operated From: _____ to _____
Business Address: _____
License Obtained Through: _____
Officer, Partner or Operator who had an interest: _____

STATEMENT OF OFFICER/PARTNER/OPERATOR

I, _____, being legal officer or partner of (insert name of establishment) _____, which is located at _____, affirm that I am aware of and understand the conditions, requirements, and restrictions that apply for receiving an Eagle Mountain City Restaurant Liquor License set forth in Title 5 Chapter 13, of the Eagle Mountain City Business License Ordinance. I further affirm that I am a citizen of _____ and am of good moral character. I also agree to meet all of the requirements of the Utah Liquor Control Act and the Eagle Mountain City Business License Ordinance 98-08, and verify that all the statements contained in this application are true and correct.

Signature of Applicant: _____ Date: _____

Subscribed and Sworn to Before me this _____ day of _____, 20 _____.

Notary Public

Expiration of Notary

Residing At

SUPPLEMENTAL TO EAGLE MOUNTAIN CITY BEER AND RESTAURANT LIQUOR LICENSE

1. All employees who handle alcoholic beverages are required to supply the information requested below.
2. All Employees of a business applying for a Beer or Restaurant Liquor License must attach hereto a copy of certificate of completion of Alcohol Training and Education Seminar as provided by the Utah Department of Alcoholic Beverage Control.

<u>Name (Last, First, Middle)</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Home Address</u>	<u>Phone Number</u>	<u>Training Cert by:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant hereby affirms that the above is a complete and true list of those employed at:

Name of Establishment

Located At

Signature of Applicant: _____ Date: _____

Subscribed and Sworn to Before me this _____ day of _____, 20 _____ .

Notary Public

Expiration of Notary

Residing At