

Application for Retail Beer License



CITY OF WILLARD
 BUSINESS LICENSE DIVISION
 80 W. 50 S, P.O. Box 593, Willard, Utah 84340
 Phone (435) 734-9881
 Fax (435) 723-6164

FOR OFFICE USE ONLY

Date Application Received: _____

Application Fee - \$50 _____

On Premise - \$200 _____

Off Premise - \$200 _____

Cabaret - \$150 _____

Check Cash

Total: _____

Receipt # _____ Date Received _____

PLEASE COMPLETE ALL ITEMS – INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT BEING PROCESSED.
 IF ADDITIONAL SPACE IS REQUIRED FOR THIS APPLICATION, PLEASE USE A BLANK SHEET.

SECTION I: Business Information- *Please type or print clearly.*

Date of Application _____

Business Name _____

Business Address _____

Type of Business (please be specific) _____

Type of License Requested (please check one):

- On premise
 Off premise
 Cabaret

The applicant's name in full. If the applicant is a partnership, the applicant shall state the name and address of all co-partners and if a corporation, the names and addresses of its principal officers and directors and the names of the manager of the premises to be licensed.

Name	Street	City	State	Zip

If the Applicant, and each of the persons named above, a person over the age of 21 years?

- Yes
 No

If no, please explain _____

Has the applicant, or any of the persons named above, ever been convicted of a felony, or of any misdemeanor other than minor traffic offenses (including military) or are there any charges pending against the applicant or any person named herein?

- Yes
- No

If yes, please explain _____

Names of all the owners of the building where business is to operate:

What interest (lease, option, own, etc.) in the building does the applicant have? _____

Names and address of all employees (employees must also meet the same requirements as the applicant):

Name	Street	City	State	Zip
Name	Street	City	State	Zip
Name	Street	City	State	Zip
Name	Street	City	State	Zip
Name	Street	City	State	Zip

How close to a school or a church is the premises for which this license is sought? _____

If this is a business devoted to the sale of groceries or related items, does the total square footage exceed 10,000 square feet?

- Yes
- No

Signature of Authorized Business Agent/Owner _____

Date _____

OATH: _____ say(s) that they are the person(s) whose name(s) is/are submitted to the foregoing application for a beer license and that they have read the qualifications for said license as defined in the Revised Ordinances of Willard City and know the contents thereof, and that the statements herein are true to the best of their knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Willard City Recorder

NOTE: New applications for beer licenses must be approved by the Willard City Council and Police Chief prior to City Recorder approval. Completion of the Business License Application together with a \$50.00 fee must accompany this application.

Receipt # _____ Date _____

City Council Approval _____ Date _____

Police Chief Approval _____ Date _____

For Office Use Only: Approval of Business License Administrator

Signature _____ Date _____