



# BEER LICENSE APPLICATION

## West Bountiful City

BUSINESS LICENSING DEPARTMENT  
550 N 800 W, West Bountiful, UT 84087  
Phone: (801) 292-4486

www.WBCity.org

**Type of License Requested:**

New License       Renewal

**Classification of License:**

**Annual Fee:**

- Class A (in original containers for off-premise consumption) **\$250.00**
- Class B (in original containers for on or off premise consumption) **\$300.00**
- Class C (on draft for on-premise consumption) **\$350.00**
- Class D (on draft for on-premise consumption or off-premise consumption) **\$500.00**

**Applicant Information: (local responsible party, e.g. General Manager)**

Applicant's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

**Business Information:**

Business Name (DBA): \_\_\_\_\_

Location of Business: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Owner/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Applicant Certification:**

*I hereby make application for the issuance of a beer license from West Bountiful City in accordance with the Utah Alcoholic Beverage Control Act and the provisions of West Bountiful Municipal Code, Section 5.12. I certify that the above information is true and correct to the best of my knowledge and give my consent to the West Bountiful Police Department to complete a criminal history background check as part of the application process. I further certify that I have never been convicted of a felony or liquor law violations.*

Date: \_\_\_\_\_ Sign Here: \_\_\_\_\_

(in presence of notary) Applicant

County of Davis  
State of Utah §.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, who being duly sworn did say that he/she signed the foregoing application and that the information contained herein is true.

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

**FOR OFFICIAL USE ONLY**

Recommendation of Police Department:  Approval       Denial

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

\_\_\_\_\_  
Chief of Police