



**TROPIC TOWN**  
**LIQUOR/BEER LICENSE APPLICATION**

Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ US Citizen: \_\_\_\_\_

If applicant is an individual: Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Have you ever had a liquor license before? \_\_\_\_\_ If so:

Name of Previous Business: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_ How long: \_\_\_\_\_

Have you ever been denied a license to sell or dispense beer or liquor by any federal, state, county, city, or other local governmental entity? \_\_\_\_\_ If so:

Jurisdiction(s): \_\_\_\_\_ Date Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

1. Have you or anyone claiming ownership or directorship ever been convicted or plead guilty to any felony or misdemeanor involving alcoholic beverages or controlled substances? \_\_\_\_\_
2. Has applicant or anyone claiming ownership or directorship, 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? \_\_\_\_\_

(An explanation must be provided for any "Yes" answers)

List any person who is part of this application that has been convicted or plead guilty to any offense

Name	Date of Conviction	Location

Business Information

Number of employees: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Opening Date: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Location Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of property owner if different than applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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I, we \_\_\_\_\_ hereby apply for a Class (A) or Class (B)

beer/alcohol license to vend beer/alcohol at the above premise in Tropic Town.

1. If the applicant is a partnership, the applicant shall state his/her name and address of all copartners of the premises to be licensed.

Name	Address	City	Zip Code	DOB

Attach a current copy or copies of Bureau of Criminal Identifications background check (BIC's) for owners and managers.

2. Name of all the owners of the building where business is to operate.

Name	Address	City	Zip Code	DOB

3. What interest (lease, option, own, etc.) in the building where business to be operated does the applicant have?
4. Name and addresses of all employees (managers must also meet the same requirements as the applicant):

Name	Address	City/State	Zip	Phone

5. How close to a public or private school, church, public library, public playground, or park for which this license is sought? \_\_\_\_\_
6. Are there more than two establishments located on the same block, including both sides of the street, at this premise? \_\_\_\_\_
7. Has any brewer, wholesaler of beer or dealer in beer/alcohol directly or indirectly, supplied, give, or paid for, or hereafter supply, give or pay for any furniture, furnishings, or fixtures used or to be used in vending beer/alcohol; loaned or promised to loan any money for the commencement or conduct or business vending beer/alcohol; now either directly or indirectly financially interested in, or will such brewer, wholesaler or dealer become directly financially interested in the conduct or operation of the business or retail vending of beer/alcohol license for which is applied for in this application? \_\_\_\_ If yes, explain:
- \_\_\_\_\_
- \_\_\_\_\_
8. If this beer license is to be issued in a public restaurant will no less than 60 percent of its total restaurant be for the sale of food? \_\_\_\_\_
9. Has application been filed and permission granted by the Southwest Utah Department of Health as in accordance with the laws of the State of Utah, the Ordinances of Tropic Town and the rules and regulations of the health department? \_\_\_\_\_

The undersigned, either as an individual, or as the authorized representative of the Applicant, hereby agrees to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

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

Sign by: \_\_\_\_\_

Name/Title: \_\_\_\_\_

### References

1.      \_\_\_\_\_  
         Name                                      City/Town                                      Phone
2.      \_\_\_\_\_  
         Name                                      City/Town                                      Phone
3.      \_\_\_\_\_  
         Name                                      City/Town                                      Phone

### For Office Use Only:

Planning Commission	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	By: _____	Date: _____
Town Council	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	By: _____	Date: _____
License Officer	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	By: _____	Date: _____

#### **License Fees:**

Business License:                      \$50.00

Liquor License: Class A              \$155    Class B: \$240.00

Private Club:                              \$ 550.00

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

Authorized By: \_\_\_\_\_