



# Application for Beer/Liquor License

West Haven City  
4150 South 3900 West  
West Haven, UT 84401  
Phone: 801-731-4519  
[westhavencity.com](http://westhavencity.com)

Date applied: \_\_\_\_\_ State Sales Tax# \_\_\_\_\_

Opening Date of Business: \_\_\_\_\_ Number of Employees \_\_\_\_\_

Business Name or DBA \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Name of property owner, if different from applicant \_\_\_\_\_

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

**“Class A”** shall entitle the licensee to sell beer in the original containers or on draft for consumption on the premises only, in accordance with the Utah Department of Alcoholic Beverage Control and the ordinances of West Haven.

**LICENSE FEE \$500.00 (Taverns, Clubs & Reception Centers)**

**“Class B”** retail license shall entitle the licensee to sell beer on the premises in the original containers for the consumption of the premises and in accordance with the Utah Department of Alcoholic Beverage Control and the ordinances of West Haven.

**LICENSE \$200.00 (Off-Premise, Gas Stations, Etc.)**

**“Class C”** shall entitle the licensee to sell beer or liquor for consumption on the premises for consumption with meals where the principal business is the sale of food and in accordance with the Utah Department of Alcoholic Beverage Control and the ordinances of West Haven. **LICENSE FEE \$200.00 (On-Premise, Restaurants)**

I / WE \_\_\_\_\_ **HEREBY APPLY FOR A CLASS \_\_\_\_\_ BEER LICENSE TO VENDOR BEER/ALCOHOL AT RETAIL AT THE ABOVE PREMISE IN WEST HAVEN, UT.**

1. 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 name of the manager of the premises to be licensed.

NAME                      RESIDENTIAL ADDRESS                      PHONE                      DOB                      INTEREST IN BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only:**  
 **APPROVED**     **DENIED**  
**Date:** \_\_\_\_\_  
**Amount:** \_\_\_\_\_  
**Date Paid:** \_\_\_\_\_

2. Is the applicant, and each of the persons named above, a person over twenty-one years of age? \_\_\_\_\_

3. If permit is for a temporary special function, please list location and dates

Location \_\_\_\_\_ Dates \_\_\_\_\_

4. Has the applicant, or any of the persons named in Paragraph 1 hereof, ever been convicted of a felony or 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, explain. \_\_\_\_\_  
\_\_\_\_\_

5. Names and addresses of all employees or proposed employees of the applicant:

NAME	ADDRESS	PHONE	DOB
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6. How close to a school or church is the premises for which this license is sought? \_\_\_\_\_

7. Has any brewer, wholesaler of beer or dealer in beer./alcohol directly or indirectly, supplied, given, 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 of 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? Yes  No  if yes, explain. \_\_\_\_\_  
\_\_\_\_\_

The undersigned, either as an individual, or as the authorized representative of the Applicant, hereby agree to conduct said business strictly in accordance with the Utah Department of Alcoholic Beverage Control and West Haven City Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

PRINT NAME/TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SIGN HERE: \_\_\_\_\_

**APPROVED**  **DENIED**

**Licensing Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**