



DIVISION OF BUSINESS LICENSING
 290 North 100 West, Logan, Utah 84321
 Ph: 435-716-9230 / Fax: 435-716-9001
www.loganutah.org

Category:
 Commercial
 Commercial - Secondary
 Other _____

Type:
 New Application
 Application Amendment
 Location
 Name
 Ownership
 Business description

Alcohol License No. _____

Commercial License No. _____

Date Received _____

ALCOHOL LICENSE APPLICATION

For businesses with a permanent physical location in Logan City limits already in possession of a Commercial Business License.

SECTION I: Business Information

Business Name: _____

"Doing Business As": _____ Same as "Business Name"

Business Location: _____ Logan, UT 843 _____
 Street Address (include unit #)

Mailing Address: _____ Same as 'Business Location'
 ATTN. Street (include unit #) / PO Box Address City, State, Zip

Bus. Phone 1: _____ **Bus. Phone 2:** _____ **Fax:** _____

Website: _____ **Email:** _____

Utah State Tax Commission Sales Tax Number: _____

State and/or Federal Regulatory License(s) (This is NOT the FEIN number. Please include agency name and number.) Not applicable.

License 1: _____ License 2: _____

NAICS Code: _____ **Proposed start date:** _____

NAICS look-up website: www.naics.com/search.htm

SECTION II: Business Description - General

Commercial

Is this a secondary use at this location?
 Yes, in _____ No

Sq.ft. of bus. location: _____

Building/plaza name: _____

Up to how many employees? (not owners)
 _____ Full-time _____ Part-time

Total parking stalls: for the building: _____
 designated for your business: _____

Hours of operation: _____

- Type of operation:** (mark all that apply)
- Sales/Service: Customers typically come on-site
 - Sales/Service: Customers rarely come on-site
 - Business is primarily conducted off-site
 - Fresh food service and/or preparation
 - Manufacturing
 - Accommodations
 - Event center
 - Other: _____

Previous use of location: _____

Local Consent

A Local Consent Form, obtained from the Department of Alcoholic Beverage Control (DABC), must be provided to Business Licensing Staff.

Type of local consent:

- Banquet & Catering
- Bar Establishment
- Beer Recreational
- Hotel License
- Master License
- Off Premise Beer
- Package Agency
- Reception Center
- Resort
- Restaurant - Beer Only
- Restaurant - Limited
- Restaurant - Full
- Tavern

For information, forms, and registration packets contact the Utah Department of Alcoholic Beverage Control at www.abc.utah.gov or (801) 977-6800.

Proximity Restrictions

Pursuant to Utah State Code 32B-1-202, alcoholic beverage licenses **will not be granted** within specific proximity measurements to a community location. These restrictions affect the location of state liquor stores, package agencies and all retail licenses (such as restaurants and bars).

A "community location" is defined as a church, public or private school, a public park, public playground or library.

RESTAURANTS may not be located within 300 feet measured by ordinary pedestrian travel, or 200 feet measured in a straight line.

ALL OTHER OUTLETS may not be located within 600 feet measured by ordinary pedestrian travel, or 200 feet measured in a straight line.

SECTION III: Business Description - Specific (Outline the use of the business location, storage of materials, etc.)

SECTION IV: Ownership & Contacts (Please Note: Every application must have at least one Application Contact and one Emergency Contact)

Contact Name: _____ **Contact Role(s):** (mark all that apply)
 Application Contact
 Ownership
 Agent
 Local Manager
 After-Hours Emergency Contact
 Licensing Rep /ie. Accounting
 Other Officer or Employee

Home Address: _____
 Street Address (include unit #) / PO Box City, State, Zip

Contact Ph 1: _____ Contact Ph 2: _____

Date of Birth: _____ and, Driver Lic. #: _____ (State: _____) or, Passport #: _____

Contact Name: _____ **Contact Role(s):** (mark all that apply)
 Application Contact
 Ownership
 Agent
 Local Manager
 After-Hours Emergency Contact
 Licensing Rep /ie. Accounting
 Other Officer or Employee

Home Address: _____
 Street Address (include unit #) / PO Box City, State, Zip

Contact Ph 1: _____ Contact Ph 2: _____

Date of Birth: _____ and, Driver Lic. #: _____ (State: _____) or, Passport #: _____

See attached page(s) for additional contacts

SECTION V: Amendment

Previous Business Name: _____ Not applicable

Previous Business Location: _____ Not applicable

SECTION VI: Notifications and Verification of Authority

1) **Mandatory review process** - This application does not constitute a business license. All applications are subject to the review process mandated by Title 5 of the Municipal Code. Incomplete applications will not be processed. Decisions on applications will take 15 business days (minimum), and are made based on: (i) the information provided on the application materials, and (ii) reviews inspections performed, as required.

2) **Additional Requirements** - Under the Municipal Code, additional Business License application requirements are necessitated for some business types.

3) **Denial of License** - Application denial or subsequent license suspension or revocation are most often the result of:
 (i) an inaccurate or incomplete application, or failure to update information with the division, and/or
 (ii) failure of local or state agencies to waive variances of proximity, and/or
 (iii) non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.

4) **Other regulatory bodies** - It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies.

5) **Signage** - Permanent signage requires a separate Sign Permit application, which is administered by the Division of Planning and Zoning (435-716-9036).

6) **Building alterations** - All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building permit and compliance inspection as established by Logan Municipal Code. Building permits are administered by the Division of Building and Safety (435-716-9030).

7) **Officer background checks** - The application process may include a Logan Police local background check for each business principal or officer.

I affirm that: (i) I am an authorized agent of the business for which application is being made, and (ii) the information on this form and on all application materials is both complete and accurate to the best of my knowledge.

 Signature Printed Name Date

**Application Fees:	Commercial	Alcohol Consent (includes Bus. License)	Minor Home Occupations, Commercial Secondary, Independent Contractors	Amendments / Transfer	Change to a like category	Change to a lower category	Change to a higher category
	Level 1 - less than 10,000 sqft.: \$150 Level 2 - 10,000 sqft of more: \$250	\$300	\$75		C-1 to C-1 C-2 to C-2 M-1 to M-1 \$20	C-2 to C-1 C-2 to M-1 C-1 to M-1 \$20	C-1 to C-2 - \$120* M-1 to C-1 - \$95* M-1 to C-2 - \$195*

* \$20 transfer fee in addition to the difference between the lower and higher categories. Renewal is based on the new category.

**** PAYMENT OF FEES WILL NOT BE ACCEPTED AFTER 4:30 P.M. ON BUSINESS DAYS.**