



CITY OF SARATOGA SPRINGS  
**BEER LICENSE APPLICATION**

1307 North Commerce Drive, Suite 200, Saratoga Springs, Utah 84045  
(801) 766-9793 ♦ www.saratogaspringscity.com

Type of License:     Class A     Class B     Class C     Class D     Class E

<i>For Office Use Only:</i>		
Application Approved By:	Date:	License No.:
Amount Paid:	Receipt No.:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card

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**Business Information**

Firm or Business Name: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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**Applicant Information**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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**Fees**

On- or Off-premises License..... \$300.00  
Single Event Permit..... \$100.00

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**Applicant Agreement**

I hereby certify that I have complied with the requirements and possess the qualifications specified in the Alcoholic Beverage Control Act, and that all the information I have provided in the application is true. I do hereby agree to allow the City to review a name/date of birth BCI background check.

I hereby certify that I have never been convicted of a felony, or any misdemeanor of fraud, dishonesty or misrepresentation, or of any violation of any law or ordinance relating to alcoholic beverages, or of drunken driving.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_