



City Recorder

**APPLICATION FOR RETAIL BEER SALES LICENSE
CLASS B**

NAME OF BUSINESS _____ APPLICATION # _____

ADDRESS _____ LICENSE FEE \$200.00

NATURE OF BUSINESS _____ DATE PAID _____

NAME OF APPLICANT _____ RECEIPT # _____
(BUSINESS MANAGER)

HOME ADDRESS _____ DATE OF BIRTH _____

The above named applicant, on behalf of the above named business, hereby makes application of a Class "B" License to vend light beer at retail. The owners, partners, officers, or directors of the above named business are as follows: _____

_____ all of whom have complied with the statutory requirements and possesses the qualifications specified in the Liquor Control Act of the State of Utah.

Such license shall be for the term of _____ months, commencing on the _____ day of _____ 20____, and ending on the 31st day of December, 20____.

The Sum of \$200.00 as required by ordinance, is herewith submitted. If this application is denied and no license issued, it is understood that the City will refund the same; if this application is approved and license granted, said money will become the property of the City.

It is expressly understood and agreed that the Tooele City Council may, with or without hearing, refuse to grant the license applied for. If approved, the applicant and licensee accepts the same on the condition that it may be revoked at the will and pleasure of the Tooele City Council, when in the Council's opinion, such action necessary for the protection of the public health, peace, or safety, or for violation of any law or ordinance relation to the same, or possession of alcoholic beverages, or to the licensee's conduct of the licensed premises.

I (we) understand and accept the terms and conditions of this application and the Ordinances of the City of Tooele pertaining hereto.

Dated this _____ day of _____ 20____.

Signature of Applicant(s)

Subscribed and sworn to before me this _____ day of _____ 20____.

Tooele City Hall
90 N Main
Tooele, UT 84074

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TDD: (435) 843-2108
www.tooelecity.org

Notary Public
Residing at: _____
My commission expires: _____