



**CITY OF SARATOGA SPRINGS**  
**ALCOHOLIC BEVERAGE LICENSE APPLICATION**  
1307 North Commerce Drive, Suite 100, Saratoga Springs, Utah 84045  
(801) 766-9793 ext. 196 ♦ [www.saratogasprings-ut.gov](http://www.saratogasprings-ut.gov)  
[BL@saratogasprings-ut.gov](mailto:BL@saratogasprings-ut.gov)

Type of License:  Restaurant  Off-Premise Beer Retail  Bar  Tavern  Other  
 Beer Only *(please specify)*  
 Full Service  
 Limited Service

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### **Business Information**

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

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

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

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

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

Email: \_\_\_\_\_

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

State of Utah DABS License Number: \_\_\_\_\_

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### **Applicant Information**

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

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Citizenship: \_\_\_\_\_

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**Fees**

On- or Off-Premise 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: \_\_\_\_\_