



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
BL@saratogasprings-ut.gov

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

Business Information

Business Name: _____

Business Owner Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____

Email: _____

Business Description: _____

State of Utah DABS License Number: _____

Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Cell: _____

Date of Birth: _____

Citizenship: _____

Fees

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

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: _____