ALCOHOL LICENSE

Hinckley Town, Inc.
161 E 300 N - P.O. Box 138
Hinckley, UT 84635
435-864-3522 - Fax 435-864-3341
hinckleytown.utah.gov
clerk@hinckleytown.utah.gov

License #_____

Please contact the DABC for guidelines on choosing the appropriate license type.

Business Status (Check all that apply): ☐ New Business ☐ Renewal ☐ Location ☐ Name Change ☐ Ownership Change ☐ DBA
State Registration (Check all that apply: ☐ Sole-Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability ☐ Non-Profit

LICENSE FEES
Reference
Consolidated Fee
Schedule

APPLICATION DATE:_____

BUSINESS NAME:_____

DBA NAME: _____

OWNER(S) NAME:_____

LOCATION PHYSICAL ADDRESS:

_____

City:_____ State:_____Zip:_____

Parcel ID#_____ Zoning_____

Business Phone:_____ Cell Phone:_____Fax:_____

Email Address:_____ Business Website:_____

MAILING INFORMATION

Address:_____

City, State, Zip:_____

HEREBY APPLIES FOR A:

☐ Retail Beer License ☐ Restaurant Beer License ☐ Bar/Tavern Beer License ☐ Special Event/Banquet and Catering

List all local agents, partners, directors, officers, partners, 20% plus stockholders, operators, managers:

_____

Those who have complied with the statutory requirement and possess the qualifications specified in the Alcoholic Beverage Control Act of Utah and request license to be issued for the following particular premises at _____, in Hinckley Town, Utah, commencing on the date of the license and ending on the expiration date of license.

_____ _____ _____
(Printed Name of Applicant) (Signature of Applicant) (Date)

APPLICANT'S AGREEMENT

This form is an application for an alcohol license. The actual license will be issued only when the business in in compliance with all local, state, federal; fire and building codes and all inspections are completed and signed off by the various Town departments. Missing or incomplete information on the application may significantly increase approval time.

The Town shall not be required to issue an alcohol license to any person when operation of the business for which application is made would constitute a use not permitted under the Hinckley Town Code, Title 11, Land Use Ordinance nor does issuance of an alcohol license by the Town constitute a waiver of any zoning violations, nor does such issuance waive any valid zoning requirement.

No alcohol license shall be transferred from one person to another or from one location to another.

I, the undersigned, hereby agree to conduct said Alcohol-Related Business strictly in accordance with all Hinckley Town codes governing such business and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Hinckley Town alcohol license on or before December 31 of each year.

Applicant Signature: _____ Date: _____

Please Print Your Name: _____

THIS FORM WHEN COMPLETED BECOMES PART OF THE APPLICATION FOR AN ALCOHOL LICENSE IN HINCKLEY TOWN AND SHALL BE SUBMITTED TO ALL APPROVING ENTITIES AND DEPARTMENTS OF GOVERNMENT FOR REVIEW AND COMMENT PRIOR TO THE APPLICANT'S LICENSE BEING ISSUED.

OFFICE USE ONLY

Any new Alcohol License application will go before the Hinckley Town Planning Commission, then to the Hinckley Town Council. The Planning and Zoning Commission meets on the second Wednesday of each month. The Hinckley Town Council meets on the first and third Thursday of each month.

Planning Commission: _____ Approved _____ Denied Date:_____

Town Council: _____ Approved _____ Denied Date:_____

Parcel ID # _____ Zone _____Conditional Use Permit Required? ☐ Yes ☐ No

Reason/Comments: _____

Receipt #: _____	License #: _____
Received By: _____	Date: _____
Amount: _____	
Type of Payment: ☐ Cash _____ ☐ Check # _____	