

Date Received: _____
 Date Pd: _____
 Amount Pd:
 \$ _____
 Receipt #: _____

Fee: \$ _____
 License #: _____
 Zone: _____
 CUP #: _____

**BEER LICENSE APPLICATION
 RETAILER – OFF PREMISE
 FILLMORE CITY**

75 West Center Fillmore, Utah 84631
 435-743-5233; Fax 435-743-5195; Website – www.fillmorecity.org

Business Name _____ **Business Location** _____

Owner Name _____ **Owner Address** _____

Driver License # _____ **Mailing Address** _____

Home Phone _____ **DOB** _____

Business Phone _____ **E.A.S.Y. Certification** _____

Email Address _____

Partner/Officer _____ **Address** _____

Driver License # _____ **DOB** _____

Home Phone _____ **E.A.S.Y. Certification** _____

Please attach proof of E.A.S.Y. Certification training for owner, partner/officers and employees. New employees must be certified within 30 days of hire and proof provided to the city office.

Have you or your partner/officers ever been convicted of anything other than a traffic violation? no yes
 (If yes, please attached an explanation; falsification of information is a misdemeanor.)

<u>Type</u>	<u>Fee</u>
Class A	\$ 75.00
<u>Initial Application</u>	
Class A	\$100.00

I, the undersigned, understand and agree to comply with all regulations of Fillmore City Ordinances, Licenses, and Business Regulations. I understand that I shall not begin nor cause to begin the sale of alcoholic beverages without first obtaining a beer license. Falsification of any information on this form is cause for revocation or denial of the application.

Dated _____ **Signature** _____

The receipt of beer license fees does not constitute approval to sell alcoholic beverages at a business.

For Office Use Only

Final Approval/denial by _____ Date _____

Reason denied _____