



## Beer/Alcoholic Beverage Business License Application

License #: \_\_\_\_\_

CC Approved: \_\_\_\_\_

American Fork City  
51 East Main, American Fork, Utah 84003  
(801) 763-3000 • www.afcity.org

Print clearly or type an answer to every question. Incomplete applications will not be accepted. Beer/Alcoholic Beverage business licenses expire December 31st of each year. **All Beer/Alcoholic Beverage business license applications require City Council approval.**

Type of American Fork City License: ☐ Class A Beer ☐ Class B Beer ☐ Class C Beer ☐ Alcoholic Beverage License

Type of DABC License applying for (if required) :

### SECTION 1: APPLICANT INFORMATION

Applicant Name:

Home Phone: Business Phone:

Home Address:

City: State: Zip:

Addresses for the past 5 years: City: State: Zip:

City: State: Zip:

City: State: Zip:

Date of Birth: Age:

Are you a US Citizen? ☐ Yes ☐ No Social Security #:

### SECTION 2: BUSINESS INFORMATION

Name of Business to be Licensed:

Address of Business: City: State: Zip:

Copy of County Health Permit: ☐ Yes (please attach)

### SECTION 3: BEER/ALCOHOLIC BEVERAGE LICENSE FEES

New Beer/Alcoholic Beverage Application Fee .....\$300.00 \$ \_\_\_\_\_

Replacement License Fee (No inspections required) .....\$10.00 \$ \_\_\_\_\_

**TOTAL FEES: \$ \_\_\_\_\_**

### SECTION 4: 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 this application is true.

I hereby certify that I have never been convicted of a felony, or any misdemeanor involving moral turpitude, or of any violation of any law or ordinance relating to alcoholic beverages, including DUI offenses.

I agree that if a license is issued, it shall be subject to suspension or revocation as provided in Chapter 5.08 of the American Fork City Code. I further agree to post any bonds required by the City pursuant to the terms of Chapter 5.08 of the City Code. No business license shall be transferred from one person to another, nor from one location to another.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

For Office Use Only

Amt. Pd: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Pmt. Type: ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card Acc. by: \_\_\_\_\_ Rev. 9/15