## PARK CITY MUNICIPAL CORPORATION

445 Marsac Ave. P.O. BOX 1480 PARK CITY, UT 84060 435-615-5221



## LIQUOR LICENSE APPLICATION

ACTIVITY NUMBER (office use only)	FEDERAL I.D. NUMBER		STATE SALES TAX NUMBER	
DATE	UTAH DBA FILE NUMBER		Have you contacted the DABC? Y / N	
BUSINESS NAME, "DOING BUSINESS AS" ADDRESS:			MAILING ADDRESS:	
		TELEPHONE (BUSINESS)		
WEBSITE			EMAIL ADDRESS	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY				
RESPONSIBLE PARTY (LOCAL)	ADDRESS (HOME)			TELEPHONE
OWNER NAME	ADDRESS (HOME)			TELEPHONE
That THIS IS NOT A LICENSE, but merely an application for a liquor license to do business within Park City. 2) That if my application is approved, I shall be notified and issued a license certificate which must be displayed at my place of business at all times. 3) That all Business Licenses expire on December 31st of the year issued. 4) That the granting of this license to do business within Park City does not discharge or replace any other licensing or registration requirements I may have under City, County, State or Federal laws.				
NAME SIGNATURE		DATE		
BEER AND LIQUOR REGULATORY FEES MINIMUM FEE		00.00		
OFF PREMISE BEER \$				