

Date of Application \_\_\_\_\_

Permit Fee \$250.00  
Application Fee \$50.00  
Total Due \$300.00



147 N 870 WEST, HURRICANE, UTAH 84737  
PHONE: 435-635-2811 FAX: 435-635-2184  
[www.cityofhurricane.com](http://www.cityofhurricane.com)

**SINGLE EVENT LIQUOR PERMIT**

NOTICE: Please complete each statement below. Incomplete applications will not be accepted.

**SECTION A — BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Number) (Suite) (City) (State) (Zip)

Mailing Address (if different): \_\_\_\_\_  
(Street Number) (City) (State) (Zip)

State Sales Tax Number: \_\_\_\_\_ Does this business have a current DABC license: \_\_\_\_\_

Business Type (check one):  
Proprietorship  Partnership  Corporation  Religious Organization  Non-profit Corporation

**SECTION B — EVENT INFORMATION**

Event Name: \_\_\_\_\_

Event Venue: \_\_\_\_\_

\_\_\_\_\_  
(Street Number) (Suite) (City) (State) (Zip)

Date (s) of the event: \_\_\_\_\_ Alcohol Service hours: \_\_\_\_\_ to \_\_\_\_\_

For the sale of (check all that apply): \_\_\_\_\_ Beer \_\_\_\_\_ Heavy Beer \_\_\_\_\_ Wine \_\_\_\_\_ Liquor \_\_\_\_\_ Flavored Malt Beverages

Will food be available? \_\_\_\_\_ Full Meals? \_\_\_\_\_ Will minors attend the event? \_\_\_\_\_

**PART C — BUSINESS OWNER INFORMATION**

**A list of all corporate officers or partners must be included. This list must include name, home address, and phone number.**

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please add any additional owners/partners on a separate piece of paper and attach.**

**APPLICATION MUST INCLUDE A DETAILED PLAN ON AN 8 ½" X 11" SHEET OF PAPER SHOWING ALL CONTROL MEASURES.**

STATE OF UTAH )

: ss.

COUNTY OF WASHINGTON )

I, \_\_\_\_\_, being first duly sworn, depose and say as follows:

1. The foregoing Application and Questionnaire is in all respects true and correct, to the best of my knowledge and belief and
2. I am the applicant above-named and have not leased, assigned or entered into a profit-sharing arrangement of any type with any other person for operation of the above-named business except as disclosed herein; and
3. I have received and read the beer/alcoholic beverage license ordinance of the City of Hurricane, and believe that this application in all respects conforms to the requirements thereof and
4. I consent to the entry in or upon the business premises by City employees or representatives at reasonable times for the purpose of inspecting the event premises to insure compliance with applicable laws, ordinances, rules and regulation; and
5. I understand and agree that any false information contained in this application shall be grounds for denial of this application and shall constitute perjury.

\_\_\_\_\_  
Applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(NOTARY PUBLIC OR CITY LICENSE OFFICER)

<b>TOTAL FEES</b> \$ _____	Office Use Only	<b>AMOUNT PAID</b> \$ _____
<b>DATE</b> _____		<b>RECEIPT #</b> _____
<b>CITY LICENSE NUMBER:</b> _____		
<b>DATE APPLICATION WENT TO CITY COUNCIL:</b> _____		
<b>DATE OF APPROVAL FROM STATE:</b> _____		