



2024

Town of Alta

Application for Restaurant Liquor License

P.O. BOX 8016

ALTA UT 84092-8016

This license shall entitle the licensee to sell alcoholic beverages in accordance with the state law governing its license of the same name, which are adopted herein by reference, and with other ordinances of the Town.

Licensed to store, sell, and serve all types of alcoholic beverages on the premises of the restaurant. Patrons may only purchase alcoholic beverages in conjunction with an order of food which is prepared, sold, and served at the restaurant. Alcoholic beverages shall be delivered by a server to the patron and may only be consumed at the patron's table, not at a "bar" which is defined as a counter of similar structure where alcoholic beverages are stored, dispensed, or served. Servers of alcoholic beverages must be 21 years of age or older and wear a unique identification badge showing name, initials, or a number assigned by the employer.

Patrons may not bring in or store alcoholic beverages on the premises; however at the licensee's discretion, a patron may bring in bottled wine for consumption on the premises. Wine brought in must be immediately delivered to a server or an employee of the restaurant. A wine service may then be performed, and patrons may serve themselves or others at the table.

Select one of the following:

Annual license fee: November 1 - October 31	\$250.00	_____
Six month seasonal fee: November 1 - April 30	\$125.00	_____
Six month seasonal fee: May 1 - October 31	\$125.00	_____
TOTAL DUE		_____

State applicant's name in full. If applicant is a co-partnership, the names and addresses of all partners, and if a corporation, the names and addresses of all officers and directors must be stated.

I have read and understand the Alcoholic Beverage Control Act. I comply with the requirements and possess the qualifications specified in the Alcoholic Beverage Control Act.

DABS License Number _____ Date _____

Business Name (DBA) _____

Business Contact _____

Business Telephone & Email _____

Signature of Applicant _____

FOR TOWN STAFF ONLY:

Customer #: _____ Approval Date _____ License # _____