

# TOWN OF LEEDS

218 NORTH MAIN STREET  
PO BOX 460879  
LEEDS, UT 84746-0879

PHONE: 435-879-2447 FAX: 435-879-6905

E-mail: [clerk@leedstown.org](mailto:clerk@leedstown.org) // Website: [www.leedtown.org](http://www.leedtown.org)

\$200.00 Application Fee Date paid _____ Received by: _____
-------------------------------------------------------------------

## APPLICATION FOR LICENSE TO SELL BEER AND WINE ON-PREMISE CONSUMPTION

A new application is required for a License renewal by June 30 of each year

### Applicant Information:

Applicant's Name \_\_\_\_\_  
Applicant's Street Address \_\_\_\_\_  
Applicant's Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you or any of your employees had any drug or alcohol related citations or convictions during the past 12 months? Yes \_\_\_ No \_\_\_

If a Corporation, attach names and addresses of all Officers and Directors. If a Partnership, LLC or Joint Venture, attach names and addresses of all Partners and/or Shareholders.

### Business Information:

Name of Business \_\_\_\_\_  
Street Address of Business \_\_\_\_\_  
Mailing Address of Business \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Has your business structure and/or officers/shareholders changed during the past 12 months? yes \_\_\_ no \_\_\_  
If yes, please explain: \_\_\_\_\_

### Person who will manage, and operate, the business:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_ Driver's License \_\_\_\_\_  
Previous Addresses if less than five years \_\_\_\_\_

### Other Information:

Owner's Previous Address (if other than Manager) \_\_\_\_\_

Distance in feet to nearest:

School \_\_\_\_\_ Church \_\_\_\_\_ Library \_\_\_\_\_ Public Playground/Park \_\_\_\_\_

*Note: Proof of Distance must be provided and attached to this application.*

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Utah State Code Section 62A-15-401 requires all employees complete a Training and Education Seminar in order to sell beer and wine. Please attach a copy of the certificate for each employee with your application.**

TOWN OF LEEDS

218 NORTH MAIN STREET  
PO BOX 460879  
LEEDS, UT 84746-0879

PHONE: 435-879-2447 FAX: 435-879-6905

E-mail: [clerk@leedstown.org](mailto:clerk@leedstown.org) // Website: [www.leedstown.org](http://www.leedstown.org)

**Affidavit in Support of Application for License  
to Sell Beer and Wine(ON-Premise Consumption)**

STATE OF UTAH            )  
                                  ( ss.  
County of Washington)

\_\_\_\_\_, being first duly sworn, on his/her oath deposes and says:

1. I am the owner (managing agent) of the applicant business.
2. The application fully discloses all others having interest in said business.
3. I am a bona fide citizen of the United States, or a legal resident alien.
4. In the event I sell my interest in the business, or become associated with another owner not listed on the Application, I will immediately notify the Town Recorder.
5. I have never had a license for the sale of any alcoholic beverage revoked by the issuing authority at any time prior hereto.
6. I have violated no provisions of the laws or ordinances of the State of Utah, or Town of Leeds, regulating alcoholic beverages during a period of one year prior to the application herein.
7. I have not been convicted of a felony within five (5) years prior to this application.
8. The business for which application is made either has, or will, obtain a Town of Leeds business license before commencing operations.
9. I am not indebted to the Town of Leeds for the payment of any charge, or fee that is now due.
10. I and all employees, presently and in the future, engaged in the retail sale of beer and wine to public patrons have completed the required Utah State Code Section 62A-15-401, Alcohol Training and Education Seminar and have included copies of the Certificates with this Application.
11. I will not employ anyone in a sales capacity unless they comply with the following Utah State Code Sections: 32B, Alcoholic Beverage Control Act.
12. I am agreeable to provide the Leeds Police (or County Sheriff) with fingerprints at any time that they request.
13. I have read and am willing to comply with all laws and ordinances of the State of Utah and Town of Leeds Ordinance Number 04-04, pertaining to the sale of alcoholic beverages.

Dated \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, personally appeared before me, \_\_\_\_\_, the signer of the above affidavit who duly acknowledged to me that he/she has read all the statements contained in the above affidavit, understands same, and knows the same to be true.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_, Residing in \_\_\_\_\_.

# TOWN OF LEEDS

218 NORTH MAIN STREET

PO BOX 460879

LEEDS, UT 84746-0879

PHONE: 435-879-2447 FAX: 435-879-6905

E-mail: [clerk@leedstown.org](mailto:clerk@leedstown.org) // Website: [www.leedstown.org](http://www.leedstown.org)

## CERTIFICATE

### **First time applicants only:**

The undersigned, not members of the same immediate family, and each the owner of property within Washington County, Utah, hereby state that they are personally acquainted with the applicant(s) \_\_\_\_\_,

for the issuance by the Town of Leeds of a license for Class A On-Premise-Consumption Sale of Beer and Wine, and do attest of their knowledge to the fact that said person(s) is/are of good moral character and fit and proper person(s) to be granted a license to sell beer and wine for on-premise consumption in this community.

Minimum of three (3) signatures required.

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_