

ALCOHOL LICENSE



Hinckley Town, Inc.
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Hinckley, UT 84635
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2025

License # _____

Please contact the DABC for guidelines on choosing the appropriate license type.

Business Status (Check all that apply): New Business Renewal Location Name Change Ownership Change DBA
State Registration (Check all that apply): Sole-Proprietor Corporation Partnership Limited Liability Non-Profit

APPLICATION DATE: _____

BUSINESS NAME: _____

DBA NAME: _____

OWNER(S) NAME: _____

LOCATION PHYSICAL ADDRESS:

City: _____ State: _____ Zip: _____

Parcel ID# _____ Zoning _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Email Address: _____ Business Website: _____

MAILING INFORMATION

Address: _____

City, State, Zip: _____

HEREBY APPLIES FOR A:

Retail Beer License Restaurant Beer License Bar/Tavern Beer License Special Event License

List all local agents, partners, directors, officers, partners, 20% plus stockholders, operators, managers:

Who have complied with the statutory requirement and possess the qualifications specified in the Alcoholic Beverage Control Act of Utah and request license to be issued for the following particular premises at _____, in Hinckley Town, Utah, commencing on the date of the license and ending on the expiration date of license.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

LICENSE FEES

Reference
Consolidated Fee
Schedule

APPLICANT'S AGREEMENT

This form is an application for an alcohol license. The actual license will be issued only when the business is in compliance with all local, state, federal; fire and building codes and all inspections are completed and signed off by the various Town departments. Missing or incomplete information on the application may significantly increase approval time.

The Town shall not be required to issue an alcohol license to any person when operation of the business for which application is made would constitute a use not permitted under the Hinckley Town Code, Title 10, Zoning Ordinances nor does issuance of an alcohol license by the Town constitute a waiver of any zoning violations, nor does such issuance waive any valid zoning requirement.

No alcohol license shall be transferred from one person to another or from one location to another.

I, the undersigned, hereby agree to conduct said Commercial Business strictly in accordance with all Hinckley Town codes governing such business and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Hinckley Town alcohol license on or before the expiration date of said license.

Applicant Signature: _____ Date: _____

Please Print Your Name: _____

THIS FORM WHEN COMPLETED BECOMES PART OF THE APPLICATION FOR AN ALCOHOL LICENSE IN HINCKLEY TOWN AND SHALL BE SUBMITTED TO ALL APPROVING ENTITIES AND DEPARTMENTS OF GOVERNMENT FOR REVIEW AND COMMENT PRIOR TO THE APPLICANT'S LICENSE BEING ISSUED.

OFFICE USE ONLY

This application will go before the Hinckley Town Planning Commission, then to the Hinckley Town Council. The Planning and Zoning Commission meets on the second Wednesday of each month. The Hinckley Town Council meets on the first and third Thursday of each month.

Planning Commission: _____ Approved _____ Denied Date: _____

Town Council: _____ Approved _____ Denied Date: _____

Parcel ID # _____ Zone _____ Conditional Use Permit Required? Yes No

Reason/Comments: _____

Receipt #: _____	License #: _____
Received By: _____	Date: _____
Amount: _____	
Type of Payment:	
<input type="checkbox"/> Cash _____	
<input type="checkbox"/> Check # _____	