

# ALCOHOL LICENSE



Hinckley Town, Inc.  
161 E 300 N - P.O. Box 138  
Hinckley, UT 84635  
435-864-3522 Fax 435-864-3341  
[www.hinckleytown.utah.gov](http://www.hinckleytown.utah.gov)  
Email: [clerk@hinckleytown.utah.gov](mailto:clerk@hinckleytown.utah.gov)

2026

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**

Any new Alcohol License 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 # _____	