

**City Council Members**

Destry Griffiths

Steve Johnson

J. Kirk Lovell

Michael Olenlager

Gary Wilcken



Robert A. Rasmussen - Mayor

Rob Dotson - City Manager

Jackson Ames - Chief of Police

Julie Watson - City Recorder

Dan Jessen - City Treasurer

**APPLICATION FOR A BUSINESS LICENSE  
IN A COMMERCIAL ZONE**

**Date:** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Name of Applicant(s):** \_\_\_\_\_

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

**Nature of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home phone of owner** \_\_\_\_\_ **Business phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Type of organization:** \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC

**If the organization is a partnership, corporation or LLC, list the name, address and telephone number of the person(s) responsible for the functions of the organization:**

\_\_\_\_\_  
\_\_\_\_\_

**As required by State law you must register your business name. Go to "Utah.gov" and choose "Business Online Services" and then "OneStop Business Registration".**

**Verification Number** \_\_\_\_\_

(Or bring a copy of the printed verification with this application)

**(over)**

**City Council Members**

Destry Griffiths  
Steve Johnson  
J. Kirk Lovell  
Michael Olenlager  
Gary Wilcken



**Robert A. Rasmussen** - Mayor  
**Rob Dotson** - City Manager  
**Jackson Ames** - Chief of Police  
**Julie Watson** - City Recorder  
**Dan Jessen** - City Treasurer

**Utah State License Number** (if applicable) \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
(Copy required with application if profession is regulated by the State, i.e. childcare, general contractor)

**Utah State Tax ID Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
(If required to collect sales tax)

**Other Applicable License Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
(Such as food handler's permit)

**Does this business operation generate any wastewater other than from the restrooms? Yes/No**

**If the license application relates to a coin operated machine of devise, please identify the type of machine or device and location thereof:** \_\_\_\_\_

**If this is a renewal, please list any changes you have made since your last business license approval.** (example: additions to building or services you render)

**Annual Business Licensing Fee \$75.00**

All business license fees shall be due upon the date of application approval. No license shall be issued until the license fee is paid in full. Licenses are valid for one year from the date on the license.

If any business fee is not paid within thirty (30) days of the due date, a penalty in the amount of \$10.00 shall be added to the original amount thereof. No License shall be issued until all penalties legally assessed have been paid in full.

No business license granted or issued by this municipality shall be assigned or transferred to any other person, nor does it authorize any other business, calling, trade or profession than is herein named to do business.

I understand that this business must be renewed yearly. I certify that the information provided herein is complete and accurate.

Signature of Applicant(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_