

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 ph	one
Email		
Type of organization:Sole ProLLC	oprietorship	PartnershipCorporation
If the organization is a partnership, telephone number of the person(s)		
As required by State law you must re choose "Business Online Services" at		
Verification Number		
(Or bring a copy of the printed verification	tion with this applica	ation)
Utah State License Number (if applica Exp.Date	able)	
(Copy required with application if prof general contractor)	ession is regulated b	y the State, i.e. child care,
Utah State Tax ID Number	d to collect sales to	
Exp.Date (If required	d 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 YES call CCWWTF Pretreatment Coordinator 435-867-9426	ı
CCWWTF Pretreatment Coordinator Approval Signature	_
Building Inspector Approval Signature	
If the license application relates to a coin operated machine or device, please ident the type of machine or device and location thereof:	ify -
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 <u>\$75.00</u>	
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 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 issue until all penalties legally assessed have been paid in full.	∍d
No business license granted or issued by this municipality shall be assigned or transferre 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	