

BUSINESS LICENSE APPLICATION

License # _____

Please print clearly an answer to EVERY question. Incomplete applications will not be accepted.

BUSINESS INFORMATION	
Business Name/DBA: _____	
Business Address: _____ Vernal City, Utah 84078	
Business Phone: _____	Business Email: _____
Mailing Address: _____	City/State/Zip: _____
Number of Employees at the Location: <input style="width: 50px;" type="text"/>	The number of Hotel/Motel or Lodging Rooms: <input style="width: 50px;" type="text"/>
Nature of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Services <input type="checkbox"/> Other:	
Detail Description of Business: _____	

BUSINESS OWNER'S INFORMATION		
Name: _____	Phone: _____	Email: _____
Address: _____	City/State/Zip: _____	
Is this application being filled out by the Business Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, provide the applicant info)</i>		
Applicants Name : _____	Title: _____	Phone: _____

STATE AND FEDERAL INFORMATION	
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Federal EIN: _____	Professional License (DOPL): _____
Does your business sell products? <input type="checkbox"/> Yes <input type="checkbox"/> No	Utah State Sales Tax Number: _____

PROPERTY OWNER <i>(OWNER OF THE PROPERTY WHERE THE BUSINESS IS LOCATED)</i>		
Name: _____	Phone: _____	Email: _____

I, (we) the undersigned, hereby agree to conduct said Business strictly by all Vernal City 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 an applicable license and issuance of any other penalties as provided by law. If applied, I acknowledge my responsibility to renew my Vernal City Business License and pay any late fees.

Applicant Signature: _____ **Title:** _____ **Date:** _____

Applicant/Owner are the same. **Owner Signature:** _____ **Date :** _____

OFFICE USE ONLY	
License # _____	BUSINESS LICENSE APPROVAL: _____ DATE: _____
Date: _____ Fee _____	UINTAH FIRE CHIEF APPROVAL: _____ DATE: _____
Parcel: _____ Zone: _____	ASSISTANT CITY MANAGER/PLANNER _____ DATE: _____