

Business License Application

Oakley City

P.O. Box 129
Oakley UT 84055
(435) 783-5734

Business Name: _____ Application Date: _____

Location: _____ Parcel ID#: _____

Zoning: _____ Lot Size: _____

Application Dates: _____ Conditional Use Permit Approval Date: _____
(if required)

Owner or Agent: _____ Telephone: _____

Mailing Address: _____ City/State/Zip: _____

Other Phone: _____ Fax: _____

Tax Identification number is required by State and Federal Law: (please list all that apply)

Federal Tax ID#: _____ State Tax ID#: _____ Social Security ID#: _____

Description of Business: _____

I certify that the above information is true and correct. Dated this _____ day of _____, 20__.

Signature _____, Title _____

Office Use Only:

License #: _____ New: _____ Renewal: _____ Approved Date: _____ Expiration Date: _____

Denial Date: _____ Fee: \$25.00

Approved By: _____

Conditions of Approval: _____

