



FOR OFFICE USE ONLY	
Issued _____	Approved _____
Business License No. _____	
Number of Unit(s) _____	
Total Licensing Fee \$ _____	
Date Rec'd _____	Receipt # _____
<input type="checkbox"/> Check <input type="checkbox"/> Cash Business Code- <u>H-651</u> Zoning _____	

BUSINESS LICENSE FOR RENTAL DWELLINGS

Business Information - Please type or print clearly ORIGINAL APP. CHANGE OF: ADDRESS OWNERSHIP BUSINESS NAME

Property Owners Name _____ Phone() _____

Mailing Address _____ City _____ St _____ Zip _____

Business Name (if applicable) _____

Federal ID: FEIN _____ SSN _____

Entity Type: Sole Proprietorship Corporation Limited Liability Company Partnership
 Non-Profit Corporation Foreign (domiciled outside of Utah)

Local Agent / Manager Information Property Name (if applicable) _____

Property Manager Name (if applicable) _____

Date of Birth / / Driver License Number _____ State _____

Mailing Address _____ City _____ St _____ Zip _____

	() () ()	
*Email Address	Business Phone	Home Phone
		Cell Phone

Verification of Accuracy - Acknowledgment of Responsibility

Under penalty of perjury, I hereby certify that the information provided for this entire application is complete and accurate. I further certify that updated information will be provided in writing or on a new application, as required, to the Brigham City Business License Division within 30 days of any change to the business, name, organization, or location. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license. I (we) further agree to not conduct said business until the license has been approved.

Signature of Authorized Agent/Owner

Date _____

Signature of Authorized Agent/Owner

Date _____

For Office Use Only

Zoning:

Approved by _____ Date _____

Land Use _____ Date _____

Bonding _____ Date _____

Sign Permit _____ Date _____

Life/Safety:

Inspection _____ Date _____

Fire Marshal _____ Date: _____ Date: From __ To ____

Permanent License:

Inspection _____ Date _____

Fire Marshal _____ Date: _____

Comments: _____

