



FRANCIS CITY

2317 South Spring Hollow Road
Francis, Utah 84036
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BUSINESS LICENSE APPLICATION

Section I: Business Information

Is this application a: New Application Renewal Change of ownership or location

Name of Applicant _____ Date _____

Business Name _____ Is this name registered with the
State of Utah Yes No

Type of Business (be specific) _____

Physical Address _____ Phone No. () _____

Mailing Address _____ Business Start Date _____

Applicant's Address (if different) _____ Phone _____

Manager's Name (if applicable) _____ Phone No. () _____

Federal License (if any) _____ Expires _____

Federal ID: SSN or EIN _____ Utah Corp. LP or LLC # _____

Sales & Use Tax No. (if not applicable, please sign here) _____

DBA File No. _____

Professional License/State Contractors Number (if applicable) _____

Section II: Check all that apply

Approximate number of employees _____

- | | | |
|----------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Co. |
| <input type="checkbox"/> Profit Corporation | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Sexually-Oriented
Business or Employee |

Section III: Describe Business

Where will your equipment, tools, supplies to conduct you business be stored? _____

If storage is located at home what will be stored and where? _____

Section IV: Verification of Accuracy – Acknowledgment of Responsibility

Under penalty of perjury, I hereby certify that the information provided for this entire application is complete, accurate and in accordance with Francis Town Ordinances. I further certify that updated information will be provided in writing, as required, to Francis Town within ten (10) days of any change to the business, name, organization or location. I hereby acknowledge that that illegal or fraudulent business practices are grounds for revocation of the business license, as is delinquent payment of the business license fee. This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business; the actual license will be issued only when approval is given. It is the responsibility of the licensee to be familiar with the ordinance(s) under which the license is applied for. All business licenses are to be renewed yearly. The application and fees provided herein shall be due and payable by the 31st of January of each year, or before commencing a new business, trade, service or profession. All license fees not paid by that shall be considered delinquent and assessed a \$25.00 late penalty. Failure to renew by the last day of February of each year shall result in revocation of the business license. Responsibility of renewal is that of the licensee. Failure to receive a renewal notice does not excuse this responsibility.

Signature of Authorized Business Agent/Owner

Date

For office use only:

Conditional Use Permit Required: Yes No If yes, give date approved by:
Planning Commission _____ Town Council _____

Inspection required: Yes No If yes, date inspected _____

Property zoned appropriately: Yes No

Health Department Inspection required: Yes No If yes, date inspected _____

Approval of Business License Administrator:

Date _____

License Fee _____ Date Paid _____ Rec'd by _____ Receipt # _____