



Issued _____	Approved _____
Business License No. _____	
Application/License Fee.....	
Other Fee.....	
Total.....	
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Charge Business Code: _____	
Receipt # _____	Date Rec'd _____
Zoning District: _____	CUP#: _____

7 DAY MAXIMUM PER QUARTER

Dear Applicant:

Welcome to Brigham City. We have made the business license application a one stop form. We hope this form will be very easy to fill out, because we know that time is an essence. Our City theme is "Beautiful Brigham City... Your Future Is Here." Thank You!

BUSINESS LICENSE FOR TEMPORARY OR SPECIAL EVENT APPLICATION

Business Name _____

Mailing Address _____ City _____

State _____ Zip _____

Bus. Phone () _____

Federal ID: _____ SSN _____

Describe Business: (Add additional pages as needed) _____

Business Owner's Name _____

Date of Birth ____ / ____ / ____

Signature of Authorized Agent/Owner _____ Date _____

Special Event Location _____

Date of Sale: _____ Temp. Sales Tax# _____

APPROVED BY _____ Date _____