



**BUSINESS LICENSE FOR RENTAL DWELLINGS**

**FOR OFFICE USE ONLY**  
Issued \_\_\_\_\_ Approved \_\_\_\_\_  
Business License No. \_\_\_\_\_  
Number of Unit(s) \_\_\_\_\_  
Total Licensing Fee ..... \$ \_\_\_\_\_  
Date Rec'd \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash  Card. Business Code H-651  
Zoning District \_\_\_\_\_

**Rental Business License Fee = \$75.00**

**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) \_\_\_\_\_

Email Address \_\_\_\_\_

Federal ID:  FEIN \_\_\_\_\_  SSN \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

State Entity # for Corp, LP, or LLC (if applicable) \_\_\_\_\_

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) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

\*Email Address \_\_\_\_\_ | ( ) \_\_\_\_\_ | ( ) \_\_\_\_\_ | ( ) \_\_\_\_\_  
Business Phone | Home Phone | Cell Phone

If no manager, list alternate contact: \_\_\_\_\_ 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 \_\_\_\_\_



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**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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_