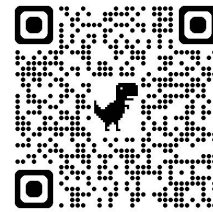




## BUSINESS LICENSE APPLICATION

PO BOX 820  
20 E MAIN STREET  
FERRON, UT 84523



Data Privacy Notice

Business Information			
Application Status: <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Renewal			
Business Name:			
Business Address:			
City:	State:	Zip:	Zone:
Business Telephone:		Fax:	E-mail
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Type of Business: <input type="checkbox"/> Commercial Wholesale <input type="checkbox"/> Commercial Retail <input type="checkbox"/> Construction / Contractor Services <input type="checkbox"/> Home Occupation <input type="checkbox"/> Restaurant/Fast Food Establishment <input type="checkbox"/> Other (Give Detailed Description Below)			
Opening Date:	Business Hours:	Days of Week:	
Detailed Description of Business Activity:			
State Sales Tax ID:		Federal Tax ID (EIN #)	
State License Type and Number (D.O.P.L.)		UT Dept of Commerce Entity Number:	
Beer License Needed <input type="checkbox"/> No <input type="checkbox"/> Yes If yes check the following: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			
Owner Information			
Name:			
Address:			
City:	State:	Zip Code:	PO Box:
Phone:	Fax:	Email:	
Manager Information (If different than Owner Information)			
Name:			
Address:			
City:	State:	Zip Code:	Phone:
Email:			

Corporations, Partnerships or LLC Please complete this section

List all Officers:	Title:	Phone Number:

I understand that completion of this application does not constitute the approval to operate a business. I agree to conduct said business in accordance with all state and local laws and swear under penalty of law that the information contained in this application is true and correct.

***Please allow at least 10 business days to process the application***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Planning Chair:

Fire Chief:

Health Dept:

Mayor:

License Admin: \_\_\_\_\_ Fee Amount: \$ \_\_\_\_\_