



BUSINESS LICENSE APPLICATION

PO BOX 820
20 E MAIN STREET
FERRON, UT 84523



Data Privacy Notice

Business Information

Application Status: New Business Location Change Name Change Ownership Change Renewal

Business Name:

Business Address:

City:	State:	Zip:	Zone:
Business Telephone:		Fax:	E-mail

Type of Organization: Sole Proprietorship Partnership Corporation LLC

Type of Business: Commercial Wholesale Commercial Retail Construction / Contractor Services
Home Occupation Restaurant/Fast Food Establishment Other (Give Detailed Description Below)

Opening Date:	Business Hours:	Days of Week:
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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 No Yes If yes check the following: Class A Class B 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:
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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: \$