



COALVILLE CITY
10 North Main
PO Box 188
Coalville, UT 84017
(435) 336-5981

*Office Use Only Rev 04/10
New
Late Fee _____
Cash/ Check _____
License # _____
County _____

Business License Application

Name of Business _____

Business Phone No. _____

Owner Name _____

Owner Phone No. _____

Business Address _____

Fax Number _____

Mailing Address _____

State Registration # _____

City _____ State _____ Zip _____

Do you have a Federal ID No.? (check one)

Of Employees _____

Yes _____ No _____

Conducting business

If yes, EIN# _____

From _____ To _____

Organization Type: (circle one)

Corporation Partnership Proprietorship LLC

Applicant/Contact Information

Name _____

Phone Number _____

Address _____ City _____

State _____ Zip _____

Birth Date _____ Driver License State _____ Driver License # _____

Email _____

Detailed Description of Business:
