

Town of Randolph
Business License Application

PO Box 127 – 20 South Main Randolph UT 84064
randolph@allwest.net #435-793-3185

Name of Business: _____

Address of Business: _____

Mailing Address: _____

Owner's Name: _____ Owner's phone # _____

Kind of Business: _____

Briefly Describe your business: _____

State Tax ID # _____ State License # _____

I certify that I am an authorized agent for the above-named business, and that all information is true and correct.

Signature _____ Date _____

Office Use Only

Approved by: _____ Date approved: _____

Amount: _____ Date Paid: _____