

**CEDAR FORT COMMERCIAL BUSINESS LICENSE RENEWAL
APPLICATION**

Cedar Fort Ordinance CFO-311-CB-2018

Town of Cedar Fort

50 East Center, Cedar Fort, UT 84013

PHONE (801) 768-2147, ext. 5

COMMERCIAL BUSINESS LICENSE

A **Commercial Business** is where you operate a venture for monetary gain and where clients or customers may or may not come to your establishment. This is not a home business.

FOR OFFICE USE ONLY APPLICATION # _____ FEE: \$ _____

RENEWAL DATE: _____ FEE PAID: _____ RECEIPT # _____

Zone _____

Replacement/Duplicate License	\$20	Inspection Fee*	\$30	Other		TOTAL DUE
Annual License Fee*	\$70	Late Fee or No-license Penalty				

* May not be required

****PLEASE PRINT OR TYPE IN BLACK INK****

Business Name:		Business Phone #	
Business Address:		City and State	Zip
Mailing Address		City and State	Zip
Applicant's Name:		Applicant's Title:	
Owner of property?	If NO, Letter of permission?	Phone #	Fax #
Corp/LC/DBA/Other	Email		
Describe the nature of your business:			

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Is this business required by Utah State law to collect sales tax (circle one)? Yes / No

If yes, provide sales tax # _____

All fees must be personal check, cashier's check, or money order only; **no cash accepted**. If a license renewal fee is not paid within 30 days of the due date, a 25% late fee will be assessed. After 60 days, an additional 50% late fee penalty will be assessed. If a license is not obtained prior to opening your business, you may be subject to a double license fee penalty!

Business Name: _____ phone # (____) _____

Authorized Agent: _____

1. Has the address of the Commercial Business changed since the original license application? _____
2. Has the nature of the business changed since the original license application? _____
3. Have Owners or Managers changed since the original license application? _____

If any of the above questions are "Yes", please complete a new Cedar Fort Commercial Business Application form.

I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that I must immediately notify the Town of Cedar Fort. I also acknowledge that I have reviewed the applicable sections of the Cedar Fort Ordinance and comply with them and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I agree to reimburse the Town of Cedar Fort all amounts incurred by the Town in excess of the base fee required by the Fee Schedule to review and process this submitted application. I also agree to allow the Staff, Town Council, or appointed agent(s) of the Town to enter the subject property to make any necessary inspections thereof.

Applicant's/Agent's Signature: _____ Date: _____

For official use only

Town Council

Approved for Renewal _____ Date _____

Disapproved for Renewal _____

Councilperson overseeing Business Licenses