

Account No: _____
 Business Activity: _____
 Fee: _____
 CC Approval: Yes No Date: _____
 License Sent: _____



BUSINESS LICENSE APPLICATION

Send all completed and properly signed forms (including attachments as necessary) along with applicable licensing fees to: Price City Business Licensing, P.O. Box 893, 185 East Main, Price, UT 84501. For questions call (435) 636-3161.

PLEASE TYPE OR PRINT LEGIBLY.

Business Information			
Business Status: <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change			
Business Name <i>(include DBA)</i> :			
If Name Change, list previous name:			
Business Address:			Suite/Apt. No.:
City:	State:	Zip Code:	
Business Telephone: ()	Business E-mail:	Business Fax:	
Mailing Address <i>(if different)</i> :		City:	State:
Property Owner's Name:		Property Owner's Telephone: ()	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <i>(Include copy of name registration with the State of Utah)</i>			
Type of Business: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Reciprocal			
Nature of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Services <input type="checkbox"/> Other			
Opening Date: _____ Business Hours: From _____ To _____ M T W TH F S SU <i>(please circle)</i>			
Detailed Description of Business:			
Commercial Square Feet:	No. of Arcade Games, Pool Tables, Etc.:	No. of Vending Machines:	No. of Mobile Home Spaces:
No. of Rental Units:	No. of RV Spaces:	No. of Motel Rooms:	No. of Beds:
State Sales Tax I.D. No. (Include copy or proof of exemption):		Federal Tax I.D. No. (Include copy):	
State License No. (Include copy):		State License Type:	
THE FOLLOWING LICENSES ARE SUBJECT TO ADDITIONAL REQUIREMENTS. Please contact the Business Licensing Officer (City Treasurer) at (435) 636-3161, or 185 East Main, for more information. Check all that apply.			
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Eating Establishment	<input type="checkbox"/> Amusement Center	<input type="checkbox"/> Taxi Cab
<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> Sexually Oriented Business		

If applicant is a SOLE PROPRIETOR, complete this section.

Owner's Name:		
Owner's Address:		Suite/Apt. No.:
City:	State:	Zip Code:
Owner's Telephone: ()	Owner's E-mail:	Owner's Fax:
Owner's Birth Date:	Owner's Drivers License No. <i>(include state & provide copy):</i>	

Manager Information (if applicable)

Manager's Name:		
Manager's Address:		Suite/Apt. No.:
City:	State:	Zip Code:
Manager's Telephone: ()	Manager's E-mail:	Manager's Fax:
Manager's Birth Date:	Manager's Drivers License No. <i>(include state):</i>	

If applicant is a CORPORATION, PARTNERSHIP, OR LLC, complete this section.

ALL OFFICERS (First/Middle/Last)	HOME ADDRESS (City, ST, Zip)	HOME TELEPHONE
1.		()
2.		()
3.		()
TITLE	DATE OF BIRTH (MM/DD/YYYY)	DRIVERS LICENSE NO. (Include copy)
1.	/ /	# ST
2.	/ /	# ST
3.	/ /	# ST

I am aware that this application does not constitute approval to operate a business. I hereby agree to conduct said business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law that the information contained herein is true.

Signature of Owner/Agent Date

Please Print Name Title

Please allow at least 10 working days for your application to be processed after submitting all fees and paperwork.

Office Use Only

Approvals:
 Business Licensing: _____ Fire: _____ Inspection: _____
 Police: _____ P & Z: _____ Other: _____
 Date Approved: _____