



BUSINESS LICENSE CHANGE REQUEST FORM

Date: _____
 Fee: **\$25.00** C/CK/CC
 License #:

(PLEASE MAKE SURE APPLICATION IS COMPLETE)

TYPE OF CHANGE REQUEST:			
<input type="checkbox"/> Business Address <input type="checkbox"/> Business Name <input type="checkbox"/> Business Description <input type="checkbox"/> Other _____ (Ownership change requires new business license application)			
Current Business License Information:		New License Information:	
Name:		Name:	
Address:		Address:	
Business Description:		Business Description:	
Additional Comments:			
APPLICANT INFORMATION			
Name:		Address:	Phone:
ADDITIONAL INFORMATION			
Property Owner Name <i>(if applicable)</i> :		Phone:	
Emergency Contact Name:		Phone:	
APPLICANT AGREEMENT			
<p>This form is an application for a business license. The actual license will be issued only after this business is in compliance with all City, State, Federal, Fire and building codes and ordinance an all inspections are completed and approvals given. Missing or incomplete information on this application may significantly increase the time needed for approval. Operating without a business license is a Class B Misdemeanor, with each day of noncompliance constituting a separate violation.</p> <p>I, the undersigned, hereby agree to conduct said Business strictly in accordance with all Vernal City Codes governing such business and swear, under penalty of law. That the information contained herein is true and correct to the best of my knowledge, I understand that to falsify any information on this application is grounds for denial and/or revocation of an applicable license and issuance of any other penalties as provided by law.</p>			
Applicant Signature: _____		Date: _____	
ADMINISTRATIVE ACTION (for office use only)			Date Received:
Fee:	Health Dept. needed: __Yes __No	Parcel ID:	Zone:
Planning Department Signature:			Date:
Fire Inspector Signature:			Date:
Business License Clerk Signature:			Date: