



# VERNAL CITY BUSINESS LICENSE APPLICATION

Date: _____
Paid: _____ C/CC/CK
License #: _____

**THIS IS ONLY AN APPLICATION. THE LICENSE WILL NOT BE ISSUED UNTIL REVIEWS ARE COMPLETE.**

<b>BUSINESS INFORMATION</b>			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Proprietorship	
<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC	
<input type="checkbox"/> Address Change- <b>\$25.00</b>		<input type="checkbox"/> Ownership Change	
Business Name/DBA:		Business Phone:	
Physical Address:		Mailing Address if different:	
Email:		Website:	
		Fax:	
Business Description:			
Does your business involve the sale of tangible products? <input type="checkbox"/> Yes <input type="checkbox"/> No		Utah State <b>Sales Tax</b> Number: _____ - _____ <b>STC</b> <small>Please be sure this number is coded to the City of Vernal)</small>	
Does your business require a Utah Division of Occupational License? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what type and license number:			
Number of Employees other than self: _____ <small>(2 part-time employee's equal 1 full-time employee. Full-time is more than 30 hours/week.)</small>		Number of Hotel/Motel or Lodging Rooms:	
Property Owner Name:		Address:	
		Phone:	
Manager/or Emergency Name:		Address:	
		Phone:	
<b>APPLICANT INFORMATION</b>			
Name:		Phone:	
Address:		Email:	
<b>APPLICANT AGREEMENT</b>			
<p><b>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.</b></p> <p><b>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. I acknowledge my responsibility to renew my Vernal City Business License and pay any and all late fees, if applied.</b></p>			
<b>Applicant Signature:</b> _____		<b>Date:</b> _____	
<b>ADMINISTRATIVE ACTION (for office use only)</b>			<b>Date Received:</b>
Fee:		Health Dept. needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Parcel ID:	
		Zone:	
Planning Department Signature:			Date:
Fire Inspector Signature:			Date:
Business License Clerk Signature:			Date: