# VERNAL CITY TAXI CAB APPLICATION
## 374 East Main Street, Vernal, Utah 84078.. 435-789-2255

**BUSINESS INFORMATION**

**Corporation** ☐     **Partnership** ☐     **Proprietorship** ☐     **LLC**

Business Name_____

Business Phone_____

Business  Address_____

Mailing  Address_____

Owner of Property/Building (if rented)_____

Property Owner's Telephone Number_____

Business Activity Description_____

Utah State Sales Tax No. (Attach Copy)_____

Copy of Driver's License
_____
Proof of Insurance_____

Number of Full-Time Employees (35 hours or more)_____
(Two part-time employees equal one full-time employee)

**BUSINESS HISTORY**
Have you operated any business activity that required a business license?  If so, list all:

| Business Name | Address | Date of Operation |
|---|---|---|
| _____ | _____ | _____ |

If you have had a business license suspended or revoked, give details:_____

**APPLICANT INFORMATION**

Owner's Name_____

Home Address_____

Home Telephone Number_____

Manager's Name_____

Home Address_____

Home Telephone Number_____

**SIGNATURES**

This form is an application for business license; the actual license will be issued only when all inspections have been approved.  All information must be accurately completed or the issuance of a license will be delayed. It is a class "B" Misdemeanor to own or operate a business in Vernal City without a current business license.  I/We 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.

_____
Applicant                 Title       Date

**NOTE:  COMPLETION OF APPLICATION AND PAYMENT OF LICENSE FEE DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE. APPLICATION MUST BE APPROVED BEFORE LICENSE IS ISSUED AND BEFORE BUSINESS CAN BE CONDUCTED.**

| OFFICE USE ONLY | | | |
|---|---|---|---|
| DATE RECEIVED | | FEE REQUIRED | |
| LICENSE CATEGORY | | LAND USE ZONE | |
| LAND USE | | | |

ADMINISTRATIVE APPROVAL_____ DATE_____