



APPLICATION FOR BUSINESS LICENSE
HONEYVILLE CITY
P.O. BOX 142 HONEYVILLE, UT 84314
PHONE: 435-279-8425

1. BUSINESS INFORMATION ORIGINAL APPLICATION CHANGE OF: ADDRESS OWNERSHIP BUSINESS NAME

BUSINESS NAME: _____

BUSINESS LOCATION: _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ CONTACT # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

LICENSING FEES:	
APPLICATION FEE:	\$ 30.00
AMOUNT PAID	\$ _____
DATE:	_____
CHECK # _____	<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD

NUMBER OF EMPLOYEES _____ OPENING DATE OF BUSINESS _____

SALES TAX # _____ UTAH CORP, LP OR LLC # _____

PROPERTY OWNERS NAME _____

PROPERTY OWNERS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS ORGANIZATION: INDEPENDENT/SOLE PROPRIETOR CORPORATION PARTNERSHIP
 LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY OTHER _____

DESCRIPTION OF BUSINESS:

2. BUSINESS OWNER OR AGENT INFORMATION

BUSINESS OWNERS NAME _____ DATE OF BIRTH ____/____/____

OR REGISTERED AGENT _____
(FOR CORPORATION, LIMITED PARTNERSHIP & LIMITED LIABILITY COMPANY ONLY)

DRIVERS LICENSE # _____ STATE _____ PHONE # () - _____ - _____

ALTERNATE CONTACT _____ PHONE # () - _____ - _____

EMAIL ADDRESS _____

3. VERIFICATION OF ACCURACY - ACKNOWLEDGEMENT OF RESPONSIBILITY

UNDER PENALTY OF PERJURY, I HERBY CERTIFY THAT THE INFORMATION PROVIDED FOR THIS ENTIRE APPLICATION IS COMPLETE AND ACCURATE. I FURTHER CERTIFY THAT UPDATED INFORMATION WILL BE PROVIDED IN WRITING OR ON A NEW APPLICATION, AS REQUIRED, TO THE HONEYVILLE CITY OFFICE WITHIN 30 DAYS OF ANY CHANGE TO THE BUSINESS, NAME, ORGANIZATION, OR LOCATION. I HEREBY ACKNOWLEDGE THAT ILLEGAL OR FRAUDULENT BUSINESS PRACTICES ARE GROUNDS FOR REVOCATION OF THE BUSINESS LICENSE. I (WE) FURTHER AGREE TO NOT CONDUCT SAID BUSINESS UNTIL THE LICENSE HAS BEEN APPROVED.

I ALSO ACKNOWLEDGE THAT IF APPROVED, I WILL NEED TO RENEW MY BUSINESS LICENSE AND PAY A RENEWAL FEE EACH YEAR.

Date: _____ Signature: _____
Name/Title: _____

OFFICIAL USE ONLY:		ZONING: _____	
Zoning Administrator	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Zoning Administrator: _____	Date: _____
Mayor	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Mayor: _____	Date: _____
License Issued:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Recorder: _____	Date: _____
BUSINESS LICENSE #	_____	_____	_____