

City of Toquerville
BUSINESS LICENSE APPLICATION



Application Fee: Calendar Year \$50.00

Home Occupation Permits are exempt from Business Licensing Fees

Please help us keep our records updated by filling out this application each year with your renewal.

Business License Application

Business Name: _____

Applicant Name: _____

Proposed Business Address: _____

Mailing Address: _____

Business Activity: _____

Phone: _____ Cell: _____

Email Address: _____ Website: _____

Would you like your email ___ and/or website ___ displayed on the City's Website? (Please mark your choice(s).)

Property Tax ID #: _____ Federal Tax ID # _____

Sales Tax Number: _____

Utah State Dept. of Commerce Registration ID (if different): _____

Type of Business i.e., Individual: _____ Partnership: _____ Corporation: _____ Other: _____

(Please attach a copy of the applicable documents filed with the Utah Division of Corporations and Commercial Code or other State agency.)

List all owners other than applicant on separate sheet. If a corporation, partnership, or limited liability company list other officers, general partners, or members.

Is a Health Permit Required? _____ If yes, give Date of Renewal: _____

Is a Contractors License Required? _____ If yes, give License #: _____

If other licensing is required for the Business by the State, check here _____ ATTACH A COPY OF STATE LICENSES

Average Number of Employees _____ Days and Hours of Operation _____

By submitting a signed application, I certify that the business does not and will not employ, or subcontract with any entity which employs workers in violation of 8 U.S.C. §1324a during the licensing period. By signing, I acknowledge that I have read, understand and agree to comply with the requirements of federal and state law regarding eligibility of workers.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and that the falsification of any information contained herein constitutes sufficient cause for rejection of this application or revocation of any license previously granted by Toquerville City. I understand that additional information may be required and I agree to supply such information as requested. I further understand that this license will expire on December 31st and it is my responsibility to renew this license without further notification from Toquerville City.

Applicant Signature: _____ **Date:** _____

Office Use Only

Payment Date: _____ **Payment Type:** _____ **Clerk Signature:** _____

Business License #: _____