

## Wellsville City

75 East Main P.O. Box 6
Wellsville, Utah 84339
Phone (435) 245-3686 Fax (435) 245-7958
www.wellsvillecity.com

## APPLICATION FOR BUSINESS LICENSE

(This is NOT a License)

Please print clearly	The license w	ill expire on Decem	ber 31st of the ye	ar issued or ren	newed:				
Enter your Utah State	sales tax ID numb	er:							
Business Name DBA:				Phone:					
Business Location (N	usiness Location (No P.O. Boxes) :				Zip:				
Mailing address (if di	ailing address (if different from above):				Zip:				
Local Agent Contact					Phone:				
Opening date at this le	Is t	Is this a new type of business at this location? Yes No							
Location Type: Resid	entialCon	nmercial Pe	riod of time Licer	ise is requested	l <b>:</b>				
Have you been previo	ously licensed by We	ellsville City or else	where? Yes	No					
Business Type Activit	y:								
*If this is an applica *If this business req	uires any Utah Sta	te or Federal licen	ses or contracts,	please attach	a copy.				
Type of Ownership: S	Sole Owner								
Name Of Owner, Ger	neral Partner, or Pri								
Address of Owner(s)/	General Partner/Pri	ncipal Officer:							
year. Licenses renewe license. The City atter Signature:	mpts to forward a r	enewal notice, but f	ailure to receive a	i renewal notic	e does not exc	use the responsibi	ty.		
			Office Use Only						
Account No Regulatory Fee: (if ap	No. of Employees				Receipt No				
Regulatory I ce. (II ap	pileable)								
Code	Description		Units	Amount		Basic License:	\$		
						Regulatory	\$		
						Subtotal:	\$		
						Credit:	\$		
Zoning Approval		Comments:				Penalty:	\$		
Date:Use:						Zoning:	\$		
Zone:Approving Signature:						Total:	\$		
						wo	c bus app v2 2009-01-31		