



# WELLSVILLE CITY CORPORATION

75 East Main  
P.O. Box 6  
Wellsville, Utah 84339  
Phone: 435-245-3686  
Fax: 435-245-7958

## MAYOR

Chad B. Lindley

## CITY COUNCIL

Carl P. Leatham  
Bob Lindley  
Denise N. Lindsay  
Tom Maughan  
Angie M. Olsen

### CITY MANAGER/RECORDER

Scott E. Wells

### CITY TREASURER

Leesa M. Cooper

## APPLICATION FOR BUSINESS LICENSE

(This is NOT a License)

The license will expire on December 31st of the year issued or renewed: \_\_\_\_\_

Please print clearly

Enter your Utah State sales tax ID number: \_\_\_\_\_  
Business Name / DBA: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Agent / Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Location (No P.O. Boxes) : \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_ Zip: \_\_\_\_\_  
Opening date at this location: \_\_\_\_\_ Is this a new type of business at this location? Yes \_\_\_\_\_ No \_\_\_\_\_  
Location Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Period of time License is requested: \_\_\_\_\_  
Have you been previously licensed by Wellsville City or elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_  
Business Type Activity: \_\_\_\_\_  
Number of Employee(s): \_\_\_\_\_

**\*If this is an application for a group home for persons with disabilities, or for elderly persons, please complete supplemental form.**

**\*If this business requires any Utah State or Federal licenses or contracts, please attach a copy.**

Type of Ownership: Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: (describe) \_\_\_\_\_  
Corporation Name: \_\_\_\_\_

Name Of Owner, General Partner, or Principal Officer: \_\_\_\_\_

Address of Owner(s)/General Partner/Principal Officer: \_\_\_\_\_

*It is unlawful to operate a business without a current license (Wellsville Ordinance Section 5.04.020). Failure to obtain a business license prior to opening such business will result in a penalty being assessed (Ordinance Section 5.04.050). It is the responsibility of the Licensee to be familiar with the ordinances under which this license is applied, and applicant hereby agrees to conduct said business strictly in accordance with the Laws and Ordinances covering such business. All applications of business license are to be renewed yearly, on January 1st of each year. Licenses renewed more than 30 days after January 1st will be assessed a penalty. It is the responsibility of the Licensee to renew the license. The City attempts to forward a renewal notice, but failure to receive a renewal notice does not excuse the responsibility.*

I understand that all application fees are non-refundable, irrespective of the approval or denial of this license.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

----- Office Use Only -----

Zoning Approval

Date: \_\_\_\_\_

Use: \_\_\_\_\_

Zone: \_\_\_\_\_

Approving Signature: \_\_\_\_\_

Comments:

Penalty: \$ \_\_\_\_\_  
Regulatory: \$ \_\_\_\_\_  
**Subtotal:** \$ \_\_\_\_\_  
Credit: \$ \_\_\_\_\_  
Penalty: \$ \_\_\_\_\_  
Zoning: \$ \_\_\_\_\_  
**Total Due:** \$ \_\_\_\_\_