

MONTICELLO CITY PROPERTY MANAGEMENT APPLICATION FOR BUSINESS LICENSE

BUSINESS CONTACT INFORMATION

Name of Applicant:	Date business commenced:	Utah State ID:
Business Name:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Federal License Number:
Phone Fax:		
E-mail:		
Registered Mailing Address City, State ZIP Code:		
Business Physical Location:		
Owner Phone:		
Owner Address, City, State Zip:		
Name & Address of Partners, Offices, and Directors:		

TYPE OF REQUEST

<input type="checkbox"/> New	<input type="checkbox"/> Location Change	<input type="checkbox"/> License Type Change	
<input type="checkbox"/> Renewal	<input type="checkbox"/> Name Change		

TYPE OF LICENSE REQUESTED

<input type="checkbox"/> Annual		License Fee \$50	
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BUSINESS INFORMATION

List all properties managed within Monticello City Limits: _____ _____
Please attach a separate sheet listing properties if needed.

AGREEMENT

1. I the undersigned applicant, understand and agree to the following:
2. All licenses expire on the 31st day of December, annually.
3. The City of Monticello reserves the right to deny any business license application or to revoke any license.
4. **CERTIFICATION:** The information I have provided regarding this application is true and correct. I agree to abide by the laws of the State of Utah and the ordinances of the municipality. I understand that any violation of the City Ordinance will result in suspension or revocation of the municipal license and notification to the State of Utah

SIGNATURES

Name and Title	Name and Title
Date	Date
Approved: Recorder/Clerk	