

City of Monticello
APPLICATION FOR BUSINESS LICENSE

BUSINESS CONTACT INFORMATION

Name of Applicant:	Date business commenced:	Utah State ID:
Business Name:	<input type="checkbox"/> Sole proprietorship	Federal License Number:
Phone Fax:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Federal W-9 Vendor
E-mail:	<input type="checkbox"/> Corporation	Please provide W-9 Form
Registered Business Mailing Address City, State ZIP Code:		
Business Physical Location:		
Type of Business/Profession:		
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
<input type="checkbox"/> Temporary (not to exceed 30 days)		License Fee	\$15
		State Mandated Fire Inspection Fee	\$60.00

BUSINESS INFORMATION

Describe all business activities to be Conducted:

Will the business create offensive Odors, fumes, smoke, gases, noise, or If yes how these will be controlled:

Other objectionable features?
 Yes No

Do you plan to display any type of a sign to advertise your business?
 Yes No

If yes, **please review the City's Sign Regulations and include a Sign Permit Application with this application.**

Mark the following that apply to your business: Create increased traffic in your neighborhood? Cause excessive noise?

AGREEMENT

1. I the undersigned applicant, understand and agree to the following:
2. All licenses expire on the 31st day of December, annually.
3. If a license/permit is required by the State of Utah for business operations, a copy of each license must be included with application, including all required inspections for State licensing/permitting.
4. The City of Monticello reserves the right to deny any business license application or to revoke any license.
5. 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 City Ordinances will result in suspension or revocation of the municipal license and notification to the State of Utah.
6. I further certify that I understand Monticello City highly recommends that the following safety devices be installed: Fire Extinguisher, Smoke Detector, and a Carbon Monoxide detector on every level of the building.

SIGNATURES

Name and Title		Name and Title	
Date		Date	
Fire Inspection Approval	Date:		
Final Approval Recorder	Date:		

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