City of Monticello APPLICATION FOR BUSINESS LICENSE

BUSINESS CONTACT INFORMATION						
Name of Applicant:		Date business commenced:				
Business Name:		☐ Sole proprietorship	Utah and/or Federal License No:			
Phone Fax:		☐ Partnership				
E-mail:		☐ Corporation				
Registered Business Address		1				
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						
□ New	☐ Location Change	☐ License Type Change				
☐ Renewal	☐ Name Change					
TYPE OF LICENSE REQUESTED						
☐ Annual		License Fee \$50				
☐ Temporary (not to exceed 30		\$15				
days)						
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. Final approval or denial of the application rests with the Monticello City Council. Approval, if granted, shall be contingent on the applicant's receipt of a Utah State license, as applicable.
- 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 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		
Monticello City Council Approved:	Date:	Monticello City Council Denied:	Date:	
Attest: Recorder/Clerk				

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