

# MONTICELLO CITY PROPERTY MANAGEMENT APPLICATION FOR BUSINESS LICENSE

## BUSINESS CONTACT INFORMATION

Name of Applicant:	Date business commenced:	
Business Name:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Utah and/or Federal License No:
Phone   Fax:		
E-mail:		
Registered Business 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 31<sup>st</sup> 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
Attest: Recorder/Clerk	