

**ROOSEVELT CITY**

BUSINESS LICENSE DIVISION

255 South State 36-8

Roosevelt, UT 84066

Ph: 435-722-5001 ▼ Fax: 435-722-5000

**BUSINESS LICENSE APPLICATION**

**FEE: \$100.00** Remit payment with cash or check

**SECTION I: Business Information – Please print clearly. Complete all lines – enter N/A if an item is not applicable**

- A. Business Name: \_\_\_\_\_ Bus. Ph. No (\_\_\_\_\_)\_\_\_\_\_
- B. Business Physical Street Address in Roosevelt: \_\_\_\_\_ Email:\_\_\_\_\_
- C. Current Mailing Address: \_\_\_\_\_
- D. \_\_\_\_\_ (If the above mailing address is out of state, please list Roosevelt, Utah mailing address if available to send your certificate of license to the Roosevelt, UT business directly )
- E. Owner of Building: \_\_\_\_\_ Ph. No (\_\_\_\_\_)\_\_\_\_\_
- F. Business Start Date: \_\_\_\_\_ Hours of Operation \_\_\_\_\_ to \_\_\_\_\_
- G. Days of the Week Opened \_\_\_\_\_ Seasonal Business: \_\_\_\_YES \_\_\_\_ NO
- H. Utah Sales & Use Tax # (retail sales). \_\_\_\_\_ ( If applicable)
- I. State of Utah License # if licensed by the State of UT \_\_\_\_\_: Expiration Date: \_\_\_\_\_
- J Describe the Business in Detail: \_\_\_\_\_  
\_\_\_\_\_
- K. Number of vehicles owner/leased by business: \_\_\_\_\_ Commercial square feet of building \_\_\_\_\_
- L. No. of Employees: \_\_\_\_\_ Will you charge a booth rental fee? \_\_\_\_YES \_\_\_\_ NO (Ex: Hair Stylists)
- M. Will the business use, store or manufacture any chemical or hazardous materials? \_\_\_\_ NO \_\_\_\_ YES  
If "YES" explain: \_\_\_\_\_  
\_\_\_\_\_
- N. Will business retail alcoholic beverages? \_\_\_\_NO \_\_\_\_YES If yes check one of the following that applies:  
\_\_\_\_Class A Beer: Grocery or C-Store (sales only) \_\_\_\_Class B sell beer in containers on premises for consumption  
\_\_\_\_Class C Beer: sell draft beer/ bottled beer/dispensed alcoholic beverages for consumption on premises
- O. Business Structure: \_\_\_\_Individual \_\_\_\_Corporation \_\_\_\_Partnership \_\_\_\_LLC \_\_\_\_Non Profit: 501©Status
- P. Contact Person for Emergency at Business: \_\_\_\_\_ Contact No. \_\_\_\_\_

**SECTION II: Applicant's Information- Please print (If partnership, each partner must fill out a business license form**

- A. Applicant's Name: \_\_\_\_\_ Contact Ph. No (\_\_\_\_\_)\_\_\_\_\_
  - B. Current Mailing Address: \_\_\_\_\_ Cell No (\_\_\_\_\_)\_\_\_\_\_
  - C. D.O.B. \_\_\_\_\_ Driver's License No: \_\_\_\_\_
  - D. I am the \_\_\_\_\_ Owner \_\_\_\_\_Manager of the business mentioned above. (check one)
  - E. Have you had or have this type of business located in another location? \_\_\_\_NO \_\_\_\_YES If yes where? \_\_\_\_\_
  - F. I, the undersigned, having authority to do so in behalf of the business applying heron, do herby agree to the condition of this application conduct business in complete accordance with Roosevelt City's ordinances and all County, State, and Federal regulations governing operation of such business. I acknowledge that this is not a business license but is an application for such; operating without a license may result in penalty of fees. Approval or denial of this application is based on accurate, complete information provided and review/inspections performed as required.
- \_\_\_\_\_ (Signature/OWNER/AGENT) DATED: \_\_\_\_\_

**OFFICE USE ONLY: Application Review/Comments Section**

<input type="checkbox"/> Police Dept: ____Approved ____ Disapproved DATE: _____ Reviewed by: _____	<input type="checkbox"/> Planning/Zoning Div: ____ Approved ____ Disapproved DATE: _____ Reviewed by: _____
<input type="checkbox"/> Health Dept: ____ Approved ____ Disapproved ____ N/A DATE: _____ Reviewed by: _____	<input type="checkbox"/> Building Div: ____ Approved ____ Disapproved DATE: _____ Reviewed by: _____

Date fee paid: \_\_\_\_\_ REC #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_