



BUSINESS LICENSE APPLICATION

Return all completed and properly signed forms (including attachments as necessary) along with applicable license fees to: Roosevelt City Corporation, 255 South State Street, Roosevelt, UT 84066.
 Phone #: 435-722-5001 Fax #: 435-722-5000

Business License Application: \$100.00
 Remit payment with cash, check debit or credit card

Business Information

BUSINESS STATUS: New Business Location Change Name Change Ownership Change

Business Name(include DBA):		
If Name Change list previous name:		
Business Physical Street Address:		
Business Mailing Address:	City:	State and Zip:
Business Telephone ()	Business E-Mail	Business Fax:
Property Owner's Name:	Property Owner's Contact #:	Property Owner's E-Mail
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		
Nature of Business: <input type="checkbox"/> Retail/Selling <input type="checkbox"/> Services <input type="checkbox"/> Oilfield Related <input type="checkbox"/> Construction/Excavating <input type="checkbox"/> Other		
Is the business a mobile unit and will be parked in a parking lot to conduct the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a letter from the parking lot owner is required with this application		
Will the business use, store or manufacture any chemical or hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain		
Projected Opening Date:	Business Hours: From _____ To _____	
Is the business an Eating Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Uintah Basin Health Department has regulations regarding this type of business which includes an inspection of the premise. When clearance is given you will be issued a permit to conduct business. Include a copy of the permit with this application. Also, food handler's permits will be required to handle food items.	
Commercial Square Feet	If Mobile Home Park, No. of Spaces: RV Park, No. of Spaces:	
Detailed Description of Business:		
Utah State Sales Tax I.D No(if applicable)		
If you have license by the State of Utah, complete this section <input type="checkbox"/> Cosmetologist/Barber <input type="checkbox"/> Master Esthetician <input type="checkbox"/> Massage <input type="checkbox"/> Nail Technician <input type="checkbox"/> Other Professional/Occupational <input type="checkbox"/> Contractor (residing in the Roosevelt City limits) Utah State License #: _____ Expires: _____		
Will the business use, store or manufacture any chemical or hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:		
The following licenses are subject to additional requirements. More information and additional form(s) will be required. <i>Check if applicable</i> <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Taxi Cab/Motor Carrier <input type="checkbox"/> Sexually Oriented Business <input type="checkbox"/> Pawnbroker		

If applicant is a SOLE PROPRIETOR , complete this section		
Owner's Name: _____		
Owner's Address: _____	City: _____	State/Zip _____
Owner's Contact #: () _____	Email: _____	
Alternate Contact #: _____	Fax #: _____	
Owner's Birth Date: _____	Owner's Driver's License No. _____ State of: _____	
Manager Information (if applicable if not skip this section)		
Manager's Name: _____		
Manager's Address: _____	City _____	State/Zip _____
Manager's Contact #: () _____	Email: _____	
Manager's Birth Date: _____	Manager's Driver's License No. _____ State of: _____	
If application is a Corporation, Partnership, or LLC , complete this section, if not skip this section		
Name of Officer _____ 1. _____	Home Address(with City, State, Zip) _____ _____	Contact # _____
Title _____	Date of Birth (MM/DD/YYYY) _____	Driver's License No. _____
Name of Officer _____ 2. _____	Home Address(with City, State, Zip) _____ _____	Contact # _____
Title _____	Date of Birth (MM/DD/YYYY) _____	Driver's License No. _____
Names of Officer _____ 3. _____	Home Address(with City, State, Zip) _____ _____	Contact # _____
Title _____	Date of Birth (MM/DD/YYYY) _____	Driver's License No. _____

I am aware that this application does not constitute approval to operate a business. I hereby agree to conduct said business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law that the information contained herein is true.

Signature of Owner/Agent applying _____ Date _____

OFFICE USE ONLY		
Police Dept: _____	Dated: _____	Health Dept ___ Approval ___ N/A
Zoning Dept: _____	Zoned as: _____	Dated: _____
Building Dept: _____	Dated: _____	Date Fee was paid: _____