BUSINESS LICENSE APPLICATION

Return all completed and properly signed forms (including attachments as necessary) along with applicable licenses 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: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC		
Nature of Business: ☐ Retail/Selling ☐ Services ☐ Oilfield Related ☐ Construction/Excavating ☐ Other		
Is the business a mobile unit and will be parked in a parking lot to conduct the business? ☐ Yes ☐ 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? ☐ Yes ☐ No If Yes, Explain		
Projected Opening Date:	Business Hours: From To	
Is the business an Eating Establishment? ☐ Yes ☐ 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 ☐ Cosmetologist/Barber ☐Master Esthetician ☐ Massage ☐Nail Technician ☐ Other Professional/Occupational ☐ Contractor (residing in the Roosevelt City limits) Utah State License #: Expires:		
Will the business use, store or manufacture any chemical or hazardous materials? ☐ Yes ☐ No If yes, Explain:		
The following licenses are subject to additional requirements. More information and additional form(s) will be required. *Check if applicable* ☐ Alcoholic Beverages ☐ Taxi Cab/Motor Carrier ☐ Sexually Oriented Business ☐ 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	Home Address(with City, State, Zip)	Contact #
1._____	_____ _____	_____
Title	Date of Birth (MM/DD/YYYY)	Driver's License No.
_____	_____	_____
Name of Officer	Home Address(with City, State, Zip)	Contact #
2._____	_____ _____	_____
Title	Date of Birth (MM/DD/YYYY)	Driver's License No.
_____	_____	_____
Names of Officer	Home Address(with City, State, Zip)	Contact #
3._____	_____ _____	_____
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:_____