



Smithfield City BUSINESS LICENSE APPLICATION

96 South Main Street
P.O. Box 96
Smithfield, UT 84335

Date of Application _____
 State Sales Tax Number _____
 DBA/Inc. #: _____
 FEIN Number _____
 License Type _____
 Acct. Number _____

License Fees:
 Initial Fee: \$ _____
 Other Fees: \$ _____
 Bond Required: \$ _____
 Type _____

Exempt (non-Profit) Yes

Total Fees \$ _____

Business License Number _____

Name of Business _____
 Business Address _____
 City _____ State _____ Zip _____
 Business Phone () _____ Fax () _____
 Mailing Address _____ E-mail Address _____
 City _____ State _____ Zip _____
 Business Owner's Name _____
 Owner's Home Address _____
 City _____ State _____ Zip _____
 Owner's Home Phone () _____ Work Phone () _____
 Driver's License No & State _____ Birth Date _____
 Alternate Contact _____ Phone () _____

For partnership or corporation, please list same information as above for all partners, principal officers, and directors on a separate sheet, and attach.

Description of Business: _____

- Type of Organization: Self-owned Corporation Limited Liability
 Partnership Limited Partnership
 Status of Business: New Home Occupation New Commercial Business
 Renewal Independent Contractor

Property Owner's Name _____
 Address _____ Phone () _____
 City _____ State _____ Zip _____

Signature _____ Date _____

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear, under penalty of law, the information contained herein is true.

Signature: _____ Title: _____ Date: _____
 Signature: _____ Title: _____ Date: _____

For Official Use Only		
	Approvals	Comments or Conditions
<input type="checkbox"/> Zoning Dept _____	Date _____	_____
<input type="checkbox"/> Fire Dept _____	Date _____	_____
<input type="checkbox"/> Police Dept _____	Date _____	_____
<input type="checkbox"/> Building Dept _____	Date _____	_____
<input type="checkbox"/> Health Dept _____	Date _____	_____
<input type="checkbox"/> Pretreatment _____	Date _____	_____