BUSINESS LICENSE APPLICATION

Please submit the completed form and all applicable attachments to the Ferron City Hall at PO Box 820, 20 East Main Street, Ferron, UT 84523.

PLEASE TYPE OR PRINT LEGIBLY

Business Information			
Application Status: ☐ New Business ☐ Location Change ☐ Name Change ☐ Ownership Change ☐ Renewal			
Business Name:			
Business Address:			
City:	State:	Zip:	Zone:
Business Telephone:		Fax:	E-mail
Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC			
Type of Business: ☐ Commercial Wholesale ☐ Commercial Retail ☐ Construction / Contractor ☐ Services ☐Home Occupation ☐ Restaurant/Fast Food Establishment ☐ Sexually Oriented Business			
Opening Date:	Business Hours:	Days of Week:	
Detailed Description of Business Activity:			
State Sales Tax ID:		Federal Tax ID:	
State License Type:		State License No. (Attach Copy if applicable)	
Beer License Needed ☐ No ☐ Yes If yes check the following: ☐Class A ☐Class B ☐ Class C			
Background Check ☐ No ☐ Yes (If yes, please sign consent or attach proof)		Bond ☐ No ☐ Yes (If yes, please attach proof)	
Owner Information			
Owner's Name:			
Owner's Address:			
City:	State:	Zip Code:	PO Box:
Owner's Phone:	Fax:	E-Mail:	
Owner's Date of Birth:		Owner's Drivers License No. (Please provide copy)	

Manager Information			
Manager's Name:			
Manager's Address:			
City:	State:	Zip Code:	Phone:
Manager's Date of Birth:		Manager's Drivers License No.	

Corporations, Partnerships or LLC Please complete this section		
List all Officers:	Home Address:	Home Phone:
Title:	Date Of Birth:(MM/DD/YYYY)	Drivers License No. (Please include a copy)

I understand that completion of this application does not constitute the approval to operate a business. I agree to conduct said business in accordance with all state and local laws and swear under penalty of law that the information contained in this application is true and correct.

_____

Signature of Owner/Applicant Date

_____

Please Print Name Title

Please allow at least 10 business days to process the application

Office Use Only

APPROVALS: (Please sign and date)

License Administrator _____ Fire Chief _____

Planning Commission _____ Health Dept. _____

Building Inspector _____ Other _____

Ferron City
Business License Instructions

- Complete the appropriate Business License Application.
- Complete all applicable supplemental information (Solicitor Checklist, Home Occupation Checklist, Beer Applications, Background Check etc.)
- If requested, include copies of Professional License, Driver's License(s), State Sales Tax ID Number or proof of exemption, Federal Employee Identification Number, State Registration or stamped Articles of Incorporation.
- Contact the Fire Chief, Health Department and Building Inspector and schedule the appropriate inspections.
- Pay the required fee and return all forms to Ferron City Hall located at 20 East Main in Ferron.
- Your Business License will be mailed to you once all approvals and conditions have been met. This process may take 10 to 14 days depending on the approval process. (Please note that some business applications will require the approval of the Planning Commission or the City Council. You will be notified of the time and date of the meeting and will be required to attend.)

Additional Information

You may register your business name with the Utah Department of Commerce at 801-530-4849.

To obtain a Federal Employer Identification Number (if applicable to your business) contact the IRS at 801-799-6963.

To obtain a State Sales Tax ID Number (if applicable to your business) Contact the Utah State Tax Commission at 801-297-2200.

* You may also use the convenient ***Onestop Online Business Registration*** at www.business.utah.gov/registration .