



**FRANCIS TOWN**  
 2317 South Springhollow Road  
 Francis, Utah 84036  
 (435) 783-6236 FAX (435) 783-6186  
 E-Mail: francistown@allwest.net

## **BUSINESS LICENSE APPLICATION**

### **Section I: Business Information**

Is this application a:    New Application     Renewal     Change of ownership or location

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_ Is this name registered with the State of Utah    Yes    No

Type of Business (be specific) \_\_\_\_\_

Physical Address \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Start Date \_\_\_\_\_

Applicant's Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Manager's Name (if applicable) \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

Federal License (if any) \_\_\_\_\_ Expires \_\_\_\_\_

Federal ID:    SSN    or    EIN \_\_\_\_\_ Utah Corp. LP or LLC # \_\_\_\_\_

Sales & Use Tax No. (if not applicable, please sign here) \_\_\_\_\_

DBA File No. \_\_\_\_\_

Professional License/State Contractors Number (if applicable) \_\_\_\_\_

### **Section II: Check all that apply**

Approximate number of employees \_\_\_\_\_

- |                                              |                                                 |                                                                 |
|----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Commercial          | <input type="checkbox"/> Home Occupation        | <input type="checkbox"/> Sole Proprietorship                    |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Limited Liability Co.                  |
| <input type="checkbox"/> Profit Corporation  | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Sexually-Oriented Business or Employee |

### **Section III: Describe Business**

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Where will your equipment, tools, supplies to conduct your business be stored? \_\_\_\_\_

If storage is located at home what will be stored and where? \_\_\_\_\_

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**Section IV: Verification of Accuracy – Acknowledgment of Responsibility**

Under penalty of perjury, I hereby certify that the information provided for this entire application is complete, accurate and in accordance with Francis Town Ordinances. I further certify that updated information will be provided in writing, as required, to Francis Town within ten (10) days of any change to the business, name, organization or location. I hereby acknowledge that that illegal or fraudulent business practices are grounds for revocation of the business license, as is delinquent payment of the business license fee. This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business; the actual license will be issued only when approval is given. It is the responsibility of the licensee to be familiar with the ordinance(s) under which the license is applied for. All business licenses are to be renewed yearly. The application and fees provided herein shall be due and payable by the 31<sup>st</sup> of January of each year, or before commencing a new business, trade, service or profession. All license fees not paid by that shall be considered delinquent and assessed a \$25.00 late penalty. Failure to renew by the last day of February of each year shall result in revocation of the business license. Responsibility of renewal is that of the licensee. Failure to receive a renewal notice does not excuse this responsibility.

\_\_\_\_\_  
Signature of Authorized Business Agent/Owner

\_\_\_\_\_  
Date

For office use only:

Conditional Use Permit Required:  Yes  No If yes, give date approved by:  
Planning Commission \_\_\_\_\_ Town Council \_\_\_\_\_

Inspection required:  Yes  No If yes, date inspected \_\_\_\_\_

Property zoned appropriately:  Yes  No

Health Department Inspection required:  Yes  No If yes, date inspected \_\_\_\_\_

Approval of Business License Administrator:

\_\_\_\_\_  
Date \_\_\_\_\_

License Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Rec'd by \_\_\_\_\_ Receipt # \_\_\_\_\_