



NORTH LOGAN CITY CORPORATION

2076 North 1200 East
North Logan, UT 84341

APPLICATION FOR BUSINESS LICENSE

New Application Renewal

License No _____

Please complete entire application • Incomplete applications will not be processed.

Business Name: _____ Phone: _____

Location (No P.O. Box): _____ Suite: _____ City: _____ ST: _____ Zip: _____

Mailing Address (if different than location): _____ City: _____ ST: _____ Zip: _____

Fax: _____ E-mail: _____ Emergency Phone: _____

UT Sales Tax No: _____ Federal ID: _____ UT ID: _____

***Please attach copy of UT Sales Tax License**

UT Registration No. (Entity No.): _____ Starting Date: _____

Business Activity: _____

Business Classification: Sole Proprietorship Partnership Corporation LLC Government Agency

Owner Name: _____ Date of Birth: ____/____/____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Social Security No: _____ - _____ - _____ Driver's License #: _____ State: _____

Manager (if different than owner): _____ Phone: _____

License desired (please check): Commercial Special Event Other (specify): _____

Building Code Compliance Information:

1. Sq Ft of building: _____
2. Sq Ft of business in building: _____
3. Building Use: _____
4. Type of construction: _____
5. Number of employees: _____
6. Fire Sprinkler: Yes No
7. Number of exits: _____
8. Number of stories: _____
10. Age of Building: _____
11. Is construction or remodeling being done? Yes No

Please check all that apply to your business:

Please explain any items checked.

- Hazardous Materials. Specifically specify any of the following:
- explosives, fireworks, gases, propane, fuel,
 - combustible dust producing, other flammable products,
 - corrosive products, oxidizing products, toxic substances,
 - organic products, radio-active materials, cryogenic products.
 - Auto Repair, Aviation Facilities, Dry Cleaning,
 - High Pile Storage, Lumberyard, Metal Works/Welding
 - Woodworking, Beer, wine, or alcohol.

Do you have a Security Alarm? Yes No

Additional Information: _____

Every business is required to pay for utilities. Please check with the city to see what is required for your business. I hereby agree to abide by all City codes and regulations while operating under this business license.

Applicant Name: _____ Title: _____ Phone: _____

OWNER SIGNATURE: _____ DATE: _____

DATE RECEIVED _____ CASH AMOUNT _____ CHECK# _____ CHECK AMOUNT _____ REC'D BY _____