# BUSINESS LICENSE APPLICATION

CITY OF NAPLES
BUSINESS LICENSE APPLICATION
1420 East 2850 South
Naples, UT 84078
p. 435.789.9090 f.435.789.9458

| | |
|---|---|
| Organization Type: ☐ Sole Proprietor ☐Partnership LLC ☐ Corporation ☐<br>Business Status: ☐ New ☐Location Change ☐ Name Change ☐Ownership Change<br>Nature of Business: ☐ Contractor ☐ Services ☐ Oilfield ☐ Retail/Wholesale<br>☐ Home Occupation ☐ Other: _____ | Is Business Name Registered with the State ☐Yes ☐ No<br>Federal Tax ID#/SS# _____<br>Utah Sales Tax # _____<br>State License # & Type (if applicable) _____ |

| | | |
|---|---|---|
| Business Name: | DBA: | |
| Business Address: | City: | Zip |
| Business Telephone: | After Hours Emergency Contact: | Phone: |
| Mailing Address: (If Different) | City, State and Zip | |
| Description of Business Activities: | | # of employees |
| Owners Name: | Home Address: | Home Phone: |
| Owners Driver License #/Work ID # | Owners Date of Birth | US Citizen<br>☐ Yes ☐ No |
| Managers Name: (If Applicable) | Managers Home Address: | Phone: |

| Fee Amount | |
|---|---|
| Base Fee _____ | $_____ |
| Employees _____ x $3.00 | _____ |
| Initial Inspection Fee | _____ |
| Beer License/Class | _____ |
| Other | _____ |
| Total Fees | $_____ |

*****************OFFICIAL USE ONLY*****************

Approved by Building/Fire _____ Date _____

Approved by Council _____ Date_____

B/L # _____ Date Paid _____ Amt Received _____

Receipt # _____ Received By _____ Check # _____

The foregoing information is correct to the best of my knowledge. I am aware that this applications does not constitute approve to operate a business until approved by Naples City and a license has been issued. I hereby agree to conduct said business strictly in accordance with the law and ordinances covering such businesses, and that no other type of business will be conducted other than what has been stated above, and swear under penalty of law that the information contained herein is true.

_____

Signature of Owner/Applicant Date

_____

Please Print Name Title

If applicable please provide a "**Site Specific Plan**" and emergency contact information.